

| 134 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE | | COST PER USER | COST PER ELIGIBLE |
|----------------------------|-------|-------------------------------------|-----------------|------------------------------|------------------------|--|------------------|----------------------|
| | | | | | UNITS/DAYS PER ELIG | | | |
| @TOTAL, ALL PROVIDERS | 3,951 | 101,418 | \$ 1,141,281.01 | \$ 11.25 | 756.851 | | \$ 288.86 | \$ 8517.02 |
| @PHYSICIANS SERVICES | 12 | 19 | \$ 300.00 | \$ 15.79 | .142 | | \$ 25.00 | \$ 2.24 |
| OUTPATIENT VISITS | 1 | 1 | 24.00 | 24.00 | .007 | | 24.00 | .18 |
| OFFICE VISITS | 1 | 1 | 24.00 | 24.00 | .007 | | 24.00 | .18 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 1 | 1 | 25.00 | 25.00 | .007 | | 25.00 | .19 |
| EXAMINATIONS | 1 | 1 | 25.00 | 25.00 | .007 | | 25.00 | .19 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| OUTPATIENT SURGERY | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| RADIOLOGY | 1 | 2 | 54.82 | 27.41 | .015 | | 54.82 | .41 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 9 | 15 | 196.18 | 13.08 | .112 | | 21.80 | 1.46 |
| @PHARMACY | 124 | 32,893 | \$ 20,204.79 | \$.61 | 245.470 | | \$ 162.94 | \$ 150.78 |
| PRESCRIPTION DRUGS | 79 | 185 | 13,475.51 | 72.84 | 1.381 | | 170.58 | 100.56 |
| SNF/ICF | 4 | 5 | 1,600.79 | 320.16 | .037 | | 400.20 | 11.95 |
| OUTPATIENTS | 75 | 180 | 11,874.72 | 65.97 | 1.343 | | 158.33 | 88.62 |
| MEDICAL SUPPLIES | 52 | 32,708 | 6,729.28 | .21 | 244.090 | | 129.41 | 50.22 |
| @DENTIST | 1,053 | 4,308 | \$ 186,488.48 | \$ 43.29 | 32.149 | | \$ 177.10 | \$ 1391.71 |
| VISITS - DIAGNOSTIC | 642 | 2,555 | 30,070.80 | 11.77 | 19.067 | | 46.84 | 224.41 |
| ORAL SURGERY | 173 | 496 | 20,512.18 | 41.36 | 3.701 | | 118.57 | 153.08 |
| DRUGS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ANESTHESIA | 8 | 8 | 500.00 | 62.50 | .060 | | 62.50 | 3.73 |
| PERIODONTICS | 53 | 54 | 6,100.00 | 112.96 | .403 | | 115.09 | 45.52 |
| ENDODONTICS | 38 | 59 | 12,687.00 | 215.03 | .440 | | 333.87 | 94.68 |
| RESTORATIVE DENTISTRY | 232 | 577 | 44,354.50 | 76.87 | 4.306 | | 191.18 | 331.00 |
| PROSTHETICS | 26 | 27 | 830.00 | 30.74 | .201 | | 31.92 | 6.19 |
| DENTURES, STAYPLATES | 212 | 509 | 71,434.00 | 140.34 | 3.799 | | 336.95 | 533.09 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ALL OTHER SERVICES | 25 | 23 | .00 | .00 | .172 | | .00 | .00 |

| 134 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|------------------------------|-------|-------------------------------------|---------------|------------------------------|------------------------|------------------|----------------------|
| @OPTOMETRIST | 11 | 27 | \$ 683.45 | \$ 25.31 | .201 | \$ 62.13 | \$ 5.10 |
| DIAGNOSTIC AND ANC. PROCED | 9 | 6 | 284.70 | 47.45 | .045 | 31.63 | 2.12 |
| EYE APPLIANCES | 10 | 21 | 398.75 | 18.99 | .157 | 39.88 | 2.98 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 1 | 1 | \$ 26.70 | \$ 26.70 | .007 | \$ 26.70 | \$.20 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER | 1 | 1 | 26.70 | 26.70 | .007 | 26.70 | .20 |
| @HOME HEALTH AGENCY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE ANESTHESIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE MIDWIFE | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @TOTAL HOSPITAL | 15 | 7CR | \$ 1,237.52CR | \$ 176.79 | .052CR | \$ 82.50CR | \$ 9.24CR |
| HOSP INPATIENT TOTAL | 5 | 31CR | 1,737.06CR | 56.03 | .231CR | 347.41CR | 12.96CR |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITAL TOTAL | 1 | 3 | 2,871.00 | 957.00 | .022 | 2871.00 | 21.43 |
| ACCOMMODATIONS | 1 | 3 | 2,871.00 | 957.00 | .022 | 2871.00 | 21.43 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 1 | 3 | 2,871.00 | 957.00 | .022 | 2871.00 | 21.43 |
| ANCILLARIES | 1 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 4 | 34CR | 4,608.06CR | 135.53 | .254CR | 1152.02CR | 34.39CR |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 10 | 24 | 499.54 | 20.81 | .179 | 49.95 | 3.73 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 10 | 24 | 499.54 | 20.81 | .179 | 49.95 | 3.73 |
| @COUNTY HOSPITAL TOTAL | 1 | 1 | \$ 5.07 | \$ 5.07 | .007 | \$ 5.07 | \$.04 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 1 | 1 | 5.07 | 5.07 | .007 | 5.07 | .04 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 1 | 1 | 5.07 | 5.07 | .007 | 5.07 | .04 |

| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
|------------------------------|-------|-----------------|----|--------------|-----------|----------|-----------------------|
| @COMMUNITY HOSPITAL TOTAL | 14 | 8CR | \$ | 1,242.59CR | \$ 155.32 | .060CR\$ | 88.76CR\$ 9.27CR |
| COMM HOSP INPATIENT TOTAL | 5 | 31CR | | 1,737.06CR | 56.03 | .231CR | 347.41CR 12.96CR |
| HSC HOSPITALS | 0 | 0 | | .00 | .00 | .000 | .00 .00 |
| NON-HSC HOSPITALS TOTAL | 1 | 3 | | 2,871.00 | 957.00 | .022 | 2871.00 21.43 |
| ACCOMMODATIONS | 1 | 3 | | 2,871.00 | 957.00 | .022 | 2871.00 21.43 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 .00 |
| ALL OTHER ACCOM | 1 | 3 | | 2,871.00 | 957.00 | .022 | 2871.00 21.43 |
| ANCILLARIES | 1 | 0 | | .00 | .00 | .000 | .00 .00 |
| INPATIENT CROSSOVERS | 4 | 34CR | | 4,608.06CR | 135.53 | .254CR | 1152.02CR 34.39CR |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 .00 |
| COMM HOSP OUTPATIENT TOTAL | 9 | 23 | | 494.47 | 21.50 | .172 | 54.94 3.69 |
| MEDICAL | 0 | 0 | | .00 | .00 | .000 | .00 .00 |
| SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 .00 |
| PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 .00 |
| RADIOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 .00 |
| ROOM USE | 0 | 0 | | .00 | .00 | .000 | .00 .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 9 | 23 | | 494.47 | 21.50 | .172 | 54.94 3.69 |
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 \$.00 |
| MENTALLY ILL | 0 | 0 | | .00 | .00 | .000 | .00 .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | .00 | .000 | .00 .00 |
| @NURSING FACILITY | 1 | 0 | \$ | 1,080.00CR | \$.00 | .000 | \$ 1080.00CR\$ 8.06CR |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | .00 | .000 | .00 .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | .00 | .000 | .00 .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | .00 | .000 | .00 .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | .00 | .000 | .00 .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 .00 |
| LEV B-REGULAR | 1 | 0 | | 1,080.00CR | .00 | .000 | 1080.00CR 8.06CR |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 \$.00 |
| ICF DDH | 0 | 0 | | .00 | .00 | .000 | .00 .00 |
| ICF DD | 0 | 0 | | .00 | .00 | .000 | .00 .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | .00 | .000 | .00 .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 \$.00 |
| HOSPITAL BASED | 0 | 0 | | .00 | .00 | .000 | .00 .00 |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | .00 | .000 | .00 .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 \$.00 |
| HOSPITAL BASED | 0 | 0 | | .00 | .00 | .000 | .00 .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | .00 | .000 | .00 .00 |
| @LABORATORY FACILITY | 1 | 2 | \$ | 38.67 | \$ 19.34 | .015 | \$ 38.67 \$.29 |
| PATHOLOGY | 1 | 2 | | 38.67 | 19.34 | .015 | 38.67 .29 |
| XO AND OTHERS | 0 | 0 | | .00 | .00 | .000 | .00 .00 |
| @ORGANIZED OUTPATIENT CLINIC | 2,017 | 2,653 | \$ | 484,934.14 | \$ 182.79 | 19.799 | \$ 240.42 \$ 3618.91 |
| CLINIC | 0 | 0 | | .00 | .00 | .000 | .00 .00 |
| SURGICENTER | 0 | 0 | | .00 | .00 | .000 | .00 .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | .00 | .000 | .00 .00 |
| RURAL HEALTH CLINIC | 2,017 | 2,653 | | 484,934.14 | 182.79 | 19.799 | 240.42 3618.91 |

#CALIF DEPT OF HEALTH SERV MOP024
 SANTA BARBARA COUN

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR CASH GRANT - AGED

AID CODE 10

| 134 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|------------------------|-------|-------------------------------------|---------------|------------------------------|------------------------|------------------|----------------------|
| @ALL OTHER PROVIDERS | 943 | 61,522 | \$ 450,922.30 | \$ 7.33 | 459.119 | \$ 478.18 | \$ 3365.09 |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|-------------------------------|-----|--------|---------------|------------|---------|-------------|------------|
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 150 | 2,846 | 196,502.55 | 69.05 | 21.239 | 1310.02 | 1466.44 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 752 | 4,372 | 247,531.84 | 56.62 | 32.627 | 329.16 | 1847.25 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 5 | 15 | 327.45 | 21.83 | .112 | 65.49 | 2.44 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 1 | 2 | 19.14 | 9.57 | .015 | 19.14 | .14 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 43 | 54,287 | 6,541.32 | .12 | 405.127 | 152.12 | 48.82 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @XOVER EXCLUDING STATE HOSP** | 27 | 60 | \$ 3,720.97CR | \$ 62.02CR | .448 | \$ 137.81CR | \$ 27.77CR |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,125
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 SANTA BARBARA COUN SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

| 20 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | ----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE |
|----------------------------|-------|-------------------------------------|---------------|------------------------------|---|
| @TOTAL, ALL PROVIDERS | 541 | 2,490 | \$ 156,757.50 | \$ 62.95 | 124.500 \$ 289.76 \$ 7837.88 |
| @PHYSICIANS SERVICES | 6 | 9 | \$ 335.23 | \$ 37.25 | .450 \$ 55.87 \$ 16.76 |
| OUTPATIENT VISITS | 6 | 7 | 266.90 | 38.13 | .350 44.48 13.35 |
| OFFICE VISITS | 6 | 7 | 266.90 | 38.13 | .350 44.48 13.35 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 .00 .00 |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 .00 .00 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 .00 .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 .00 .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 .00 .00 |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 .00 .00 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 .00 .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 .00 .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 .00 .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 .00 .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 .00 .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 .00 .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 .00 .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 .00 .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 .00 .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 .00 .00 |
| OUTPATIENT SURGERY | 0 | 0 | .00 | .00 | .000 .00 .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 .00 .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 .00 .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 .00 .00 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 .00 .00 |
| PATHOLOGY | 2 | 2 | 68.33 | 34.17 | .100 34.17 3.42 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 .00 .00 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 .00 .00 |

| | | | | | | | | |
|----------------------------|-----|-----|----|-----------|----------|--------|-----------|-----------|
| IMMUNIZATION AND INJECTION | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @PHARMACY | 25 | 267 | \$ | 8,233.25 | \$ 30.84 | 13.350 | \$ 329.33 | \$ 411.66 |
| PRESCRIPTION DRUGS | 21 | 61 | | 7,848.20 | 128.66 | 3.050 | 373.72 | 392.41 |
| SNF/ICF | 3 | 2 | | 13.23 | 6.62 | .100 | 4.41 | .66 |
| OUTPATIENTS | 18 | 59 | | 7,834.97 | 132.80 | 2.950 | 435.28 | 391.75 |
| MEDICAL SUPPLIES | 5 | 206 | | 385.05 | 1.87 | 10.300 | 77.01 | 19.25 |
| @DENTIST | 131 | 556 | \$ | 17,913.25 | \$ 32.22 | 27.800 | \$ 136.74 | \$ 895.66 |
| VISITS - DIAGNOSTIC | 89 | 386 | | 4,328.25 | 11.21 | 19.300 | 48.63 | 216.41 |
| ORAL SURGERY | 16 | 38 | | 2,209.00 | 58.13 | 1.900 | 138.06 | 110.45 |
| DRUGS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 2 | 2 | | 200.00 | 100.00 | .100 | 100.00 | 10.00 |
| PERIODONTICS | 8 | 10 | | 1,554.00 | 155.40 | .500 | 194.25 | 77.70 |
| ENDODONTICS | 4 | 9 | | 1,722.00 | 191.33 | .450 | 430.50 | 86.10 |
| RESTORATIVE DENTISTRY | 31 | 73 | | 4,405.00 | 60.34 | 3.650 | 142.10 | 220.25 |
| PROSTHETICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|-------------------------|----|----|----------|--------|-------|--------|--------|
| DENTURES, STAYPLATES | 10 | 27 | 3,040.00 | 112.59 | 1.350 | 304.00 | 152.00 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 5 | 7 | 455.00 | 65.00 | .350 | 91.00 | 22.75 |
| ALL OTHER SERVICES | 4 | 4 | .00 | .00 | .200 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,126
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

| 20 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @OPTOMETRIST | 2 | 7 | \$ 149.57 | \$ 21.37 | .350 | \$ 74.79 | \$ 7.48 |
| DIAGNOSTIC AND ANC. PROCED | 2 | 2 | 94.90 | 47.45 | .100 | 47.45 | 4.75 |
| EYE APPLIANCES | 1 | 5 | 54.67 | 10.93 | .250 | 54.67 | 2.73 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HOME HEALTH AGENCY | 1 | 8 | \$ 542.11 | \$ 67.76 | .400 | \$ 542.11 | \$ 27.11 |
| NURSE ANESTHESIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NURSE MIDWIFE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @TOTAL HOSPITAL | 2 | 5 | \$ 917.28 | \$ 183.46 | .250 | \$ 458.64 | \$ 45.86 |
| HOSP INPATIENT TOTAL | 2 | 5 | 917.28 | 183.46 | .250 | 458.64 | 45.86 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 2 | 5 | 917.28 | 183.46 | .250 | 458.64 | 45.86 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|------------------------------|---|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | | | | | | PAGE 13,127 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | 01/29/04 |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR CASH GRANT - BLIND | | | | | | |
| | AID CODE 20 | | | | | | |
| | ----- MONTHLY AVERAGE ----- | | | | | | |
| 20 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 2 | 5 | \$ 917.28 | \$ 183.46 | .250 | \$ 458.64 | \$ 45.86 |
| COMM HOSP INPATIENT TOTAL | 2 | 5 | 917.28 | 183.46 | .250 | 458.64 | 45.86 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 2 | 5 | 917.28 | 183.46 | .250 | 458.64 | 45.86 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @STATE HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 1 | 6 | \$ 691.26 | \$ 115.21 | .300 | \$ 691.26 | \$ 34.56 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 1 | 6 | 691.26 | 115.21 | .300 | 691.26 | 34.56 |
| @INTERMEDIATE CARE FACIL.-DD | 1 | 28 | \$ 4,176.76 | \$ 149.17 | 1.400 | \$ 4176.76 | \$ 208.84 |
| ICF DDH | 1 | 28 | 4,176.76 | 149.17 | 1.400 | 4176.76 | 208.84 |
| ICF DD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INDEPENDENT FACILITY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 3 | 11 | \$ 231.80 | \$ 21.07 | .550 | \$ 77.27 | \$ 11.59 |
| PATHOLOGY | 3 | 11 | 231.80 | 21.07 | .550 | 77.27 | 11.59 |
| XO AND OTHERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 226 | 296 | \$ 50,973.68 | \$ 172.21 | 14.800 | \$ 225.55 | \$ 2548.68 |
| CLINIC | 1 | 1 | 32.62 | 32.62 | .050 | 32.62 | 1.63 |
| SURGICENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 225 | 295 | 50,941.06 | 172.68 | 14.750 | 226.40 | 2547.05 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | | | | | | PAGE 13,128 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | 01/29/04 |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR CASH GRANT - BLIND | | | | | | |
| | AID CODE 20 | | | | | | |

| 20 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | ----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|-------------------------------|-------|-------------------------------------|--------------|------------------------------|--|------------------|----------------------|
| @ALL OTHER PROVIDERS | 189 | 1,297 | \$ 72,593.31 | \$ 55.97 | 64.850 | \$ 384.09 | \$ 3629.67 |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 2 | 2 | 58.14 | 29.07 | .100 | 29.07 | 2.91 |
| MEDICAL TRANSPORTATION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 11 | 202 | 13,996.07 | 69.29 | 10.100 | 1272.37 | 699.80 |
| GENETIC DISEASE TESTING | 1 | 1 | 105.00 | 105.00 | .050 | 105.00 | 5.25 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 167 | 1,002 | 57,519.83 | 57.41 | 50.100 | 344.43 | 2875.99 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 8 | 90 | 914.27 | 10.16 | 4.500 | 114.28 | 45.71 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 2 | 0 | \$ 917.28 | \$.00 | .000 | \$ 458.64 | \$ 45.86 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,129
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR CASH GRANT - DISABLED AID CODE 60

| 653 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | ----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|--------|-------------------------------------|-----------------|------------------------------|--|------------------|----------------------|
| @TOTAL, ALL PROVIDERS | 19,925 | 221,852 | \$ 5,428,411.37 | \$ 24.47 | 339.743 | \$ 272.44 | \$ 8313.03 |
| @PHYSICIANS SERVICES | 162 | 420 | \$ 14,900.37 | \$ 35.48 | .643 | \$ 91.98 | \$ 22.82 |
| OUTPATIENT VISITS | 85 | 105 | 5,456.59 | 51.97 | .161 | 64.20 | 8.36 |
| OFFICE VISITS | 33 | 38 | 1,724.03 | 45.37 | .058 | 52.24 | 2.64 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 49 | 61 | 3,532.04 | 57.90 | .093 | 72.08 | 5.41 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 6 | 6 | 200.52 | 33.42 | .009 | 33.42 | .31 |
| INPATIENT VISITS | 21 | 42 | 2,158.51 | 51.39 | .064 | 102.79 | 3.31 |
| HOSPITAL VISITS | 6 | 14 | 763.91 | 54.57 | .021 | 127.32 | 1.17 |
| CRITICAL CARE | 1 | 4 | 486.40 | 121.60 | .006 | 486.40 | .74 |
| SNF/ICF/TRANS IP CARE | 14 | 24 | 908.20 | 37.84 | .037 | 64.87 | 1.39 |
| OPHTHALMOLOGICAL SERVICES | 2 | 2 | 115.58 | 57.79 | .003 | 57.79 | .18 |
| EXAMINATIONS | 2 | 2 | 115.58 | 57.79 | .003 | 57.79 | .18 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 3 | 6 | 1,389.83 | 231.64 | .009 | 463.28 | 2.13 |
| PRINCIPAL SURGEON | 2 | 2 | 1,243.85 | 621.93 | .003 | 621.93 | 1.90 |

| | | | | | | | | |
|----------------------------|-------|--------|----|------------|----------|--------|-----------|------------|
| ASSISTANT SURGEON | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 1 | 4 | | 145.98 | 36.50 | .006 | 145.98 | .22 |
| OUTPATIENT SURGERY | 5 | 16 | | 583.49 | 36.47 | .025 | 116.70 | .89 |
| PRINCIPAL SURGEON | 3 | 3 | | 343.07 | 114.36 | .005 | 114.36 | .53 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 2 | 13 | | 240.42 | 18.49 | .020 | 120.21 | .37 |
| DIALYSIS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 10 | 75 | | 162.84 | 2.17 | .115 | 16.28 | .25 |
| RADIOLOGY | 39 | 83 | | 3,225.84 | 38.87 | .127 | 82.71 | 4.94 |
| PSYCHIATRY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 42 | 91 | | 1,807.69 | 19.86 | .139 | 43.04 | 2.77 |
| @PHARMACY | 1,306 | 35,185 | \$ | 426,088.87 | \$ 12.11 | 53.882 | \$ 326.25 | \$ 652.51 |
| PRESCRIPTION DRUGS | 1,166 | 2,533 | | 397,577.96 | 156.96 | 3.879 | 340.98 | 608.85 |
| SNF/ICF | 74 | 263 | | 31,062.34 | 118.11 | .403 | 419.76 | 47.57 |
| OUTPATIENTS | 1,102 | 2,270 | | 366,515.62 | 161.46 | 3.476 | 332.59 | 561.28 |
| MEDICAL SUPPLIES | 154 | 32,652 | | 28,510.91 | .87 | 50.003 | 185.14 | 43.66 |
| @DENTIST | 5,810 | 25,401 | \$ | 989,943.48 | \$ 38.97 | 38.899 | \$ 170.39 | \$ 1515.99 |
| VISITS - DIAGNOSTIC | 3,819 | 15,897 | | 188,631.49 | 11.87 | 24.345 | 49.39 | 288.87 |
| ORAL SURGERY | 892 | 2,322 | | 116,001.97 | 49.96 | 3.556 | 130.05 | 177.64 |
| DRUGS | 63 | 76 | | 1,728.40 | 22.74 | .116 | 27.43 | 2.65 |
| ANESTHESIA | 73 | 76 | | 5,719.00 | 75.25 | .116 | 78.34 | 8.76 |
| PERIODONTICS | 356 | 413 | | 59,300.00 | 143.58 | .632 | 166.57 | 90.81 |
| ENDODONTICS | 360 | 513 | | 104,201.50 | 203.12 | .786 | 289.45 | 159.57 |
| RESTORATIVE DENTISTRY | 1,666 | 4,171 | | 332,540.25 | 79.73 | 6.387 | 199.60 | 509.25 |
| PROSTHETICS | 64 | 69 | | 1,975.00 | 28.62 | .106 | 30.86 | 3.02 |
| DENTURES, STAYPLATES | 479 | 1,572 | | 170,379.33 | 108.38 | 2.407 | 355.70 | 260.92 |
| SPACE MAINTAINERS | 10 | 10 | | 1,070.00 | 107.00 | .015 | 107.00 | 1.64 |
| MAXILLOFACIAL SERVICES | 14 | 17 | | 1,381.54 | 81.27 | .026 | 98.68 | 2.12 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 70 | 85 | | 6,940.00 | 81.65 | .130 | 99.14 | 10.63 |
| ALL OTHER SERVICES | 120 | 180 | | 75.00 | .42 | .276 | .63 | .11 |

#CALIF DEPT OF HEALTH SERV MOP024
 SANTA BARBARA COUN

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR CASH GRANT - DISABLED

AID CODE 60

PAGE 13,130
 01/29/04

| 653 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|------------------------------|-------|-------------------------------------|---------------|------------------------------|------------------------|------------------|----------------------|
| @OPTOMETRIST | 48 | 114 | \$ 2,428.28 | \$ 21.30 | .175 | \$ 50.59 | \$ 3.72 |
| DIAGNOSTIC AND ANC. PROCED | 28 | 27 | 1,139.96 | 42.22 | .041 | 40.71 | 1.75 |
| EYE APPLIANCES | 34 | 86 | 1,276.91 | 14.85 | .132 | 37.56 | 1.96 |
| OTHER OPTOMETRIC SERVICES | 1 | 1 | 11.41 | 11.41 | .002 | 11.41 | .02 |
| @CHIROPRACTOR | 1 | 3 | \$ 50.16 | \$ 16.72 | .005 | \$ 50.16 | \$.08 |
| VISITS | 1 | 3 | 50.16 | 16.72 | .005 | 50.16 | .08 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 4 | 4 | \$ 56.19 | \$ 14.05 | .006 | \$ 14.05 | \$.09 |
| MEDICINE/INJECTIONS | 1 | 1 | 21.40 | 21.40 | .002 | 21.40 | .03 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER | 3 | 3 | 34.79 | 11.60 | .005 | 11.60 | .05 |
| @HOME HEALTH AGENCY | 2 | 4 | \$ 299.44 | \$ 74.86 | .006 | \$ 149.72 | \$.46 |
| NURSE ANESTHESIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NURSE MIDWIFE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @TOTAL HOSPITAL | 208 | 1,068 | \$ 195,501.99 | \$ 183.05 | 1.636 | \$ 939.91 | \$ 299.39 |
| HOSP INPATIENT TOTAL | 118 | 625 | 185,385.25 | 296.62 | .957 | 1571.06 | 283.90 |
| HSC HOSPITALS | 5 | 31 | 27,946.00 | 901.48 | .047 | 5589.20 | 42.80 |
| NON-HSC HOSPITAL TOTAL | 5 | 33 | 57,195.26 | 1733.19 | .051 | 11439.05 | 87.59 |
| ACCOMMODATIONS | 5 | 33 | 28,536.95 | 864.76 | .051 | 5707.39 | 43.70 |

| | | | | | | | |
|-----------------------------|-----|-----|------------|--------|------|---------|--------|
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 5 | 33 | 28,536.95 | 864.76 | .051 | 5707.39 | 43.70 |
| ANCILLARIES | 5 | 0 | 28,658.31 | .00 | .000 | 5731.66 | 43.89 |
| INPATIENT CROSSOVERS | 108 | 561 | 100,243.99 | 178.69 | .859 | 928.19 | 153.51 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 91 | 443 | 10,116.74 | 22.84 | .678 | 111.17 | 15.49 |
| MEDICAL | 24 | 32 | 950.54 | 29.70 | .049 | 39.61 | 1.46 |
| SURGERY | 1 | 1 | 51.29 | 51.29 | .002 | 51.29 | .08 |
| PATHOLOGY | 30 | 144 | 1,432.30 | 9.95 | .221 | 47.74 | 2.19 |
| RADIOLOGY | 28 | 45 | 3,014.52 | 66.99 | .069 | 107.66 | 4.62 |
| ROOM USE | 53 | 70 | 2,373.34 | 33.90 | .107 | 44.78 | 3.63 |
| CROSSOVERS/ALL OTH OUTPTNT | 51 | 151 | 2,294.75 | 15.20 | .231 | 45.00 | 3.51 |
| @COUNTY HOSPITAL TOTAL | 11 | 44 | 1,022.73 | 23.24 | .067 | 92.98 | 1.57 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|----------------------------|----|----|----------|-------|------|-------|------|
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 11 | 44 | 1,022.73 | 23.24 | .067 | 92.98 | 1.57 |
| MEDICAL | 9 | 12 | 289.39 | 24.12 | .018 | 32.15 | .44 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 3 | 12 | 167.77 | 13.98 | .018 | 55.92 | .26 |
| RADIOLOGY | 2 | 4 | 120.42 | 30.11 | .006 | 60.21 | .18 |
| ROOM USE | 9 | 12 | 408.08 | 34.01 | .018 | 45.34 | .62 |
| CROSSOVERS/ALL OTH OUTPTNT | 4 | 4 | 37.07 | 9.27 | .006 | 9.27 | .06 |

#CALIF DEPT OF HEALTH SERV MOP024
 SANTA BARBARA COUN

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR CASH GRANT - DISABLED

AID CODE 60

PAGE 13,131
 01/29/04

| 653 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|------------------------------|-------|-------------------------------------|---------------|------------------------------|------------------------|------------------|----------------------|
| @COMMUNITY HOSPITAL TOTAL | 200 | 1,024 | \$ 194,479.26 | \$ 189.92 | 1.568 | \$ 972.40 | \$ 297.82 |
| COMM HOSP INPATIENT TOTAL | 118 | 625 | 185,385.25 | 296.62 | .957 | 1571.06 | 283.90 |
| HSC HOSPITALS | 5 | 31 | 27,946.00 | 901.48 | .047 | 5589.20 | 42.80 |
| NON-HSC HOSPITALS TOTAL | 5 | 33 | 57,195.26 | 1733.19 | .051 | 11439.05 | 87.59 |
| ACCOMMODATIONS | 5 | 33 | 28,536.95 | 864.76 | .051 | 5707.39 | 43.70 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 5 | 33 | 28,536.95 | 864.76 | .051 | 5707.39 | 43.70 |
| ANCILLARIES | 5 | 0 | 28,658.31 | .00 | .000 | 5731.66 | 43.89 |
| INPATIENT CROSSOVERS | 108 | 561 | 100,243.99 | 178.69 | .859 | 928.19 | 153.51 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 83 | 399 | 9,094.01 | 22.79 | .611 | 109.57 | 13.93 |
| MEDICAL | 16 | 20 | 661.15 | 33.06 | .031 | 41.32 | 1.01 |
| SURGERY | 1 | 1 | 51.29 | 51.29 | .002 | 51.29 | .08 |
| PATHOLOGY | 27 | 132 | 1,264.53 | 9.58 | .202 | 46.83 | 1.94 |
| RADIOLOGY | 26 | 41 | 2,894.10 | 70.59 | .063 | 111.31 | 4.43 |
| ROOM USE | 46 | 58 | 1,965.26 | 33.88 | .089 | 42.72 | 3.01 |
| CROSSOVERS/ALL OTH OUTPTNT | 47 | 147 | 2,257.68 | 15.36 | .225 | 48.04 | 3.46 |
| @STATE HOSPITAL | 2 | 57 | \$ 40,598.82 | \$ 712.26 | .087 | \$ 20299.41 | \$ 62.17 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 2 | 57 | 40,598.82 | 712.26 | .087 | 20299.41 | 62.17 |
| @NURSING FACILITY | 12 | 254 | \$ 43,037.52 | \$ 169.44 | .389 | \$ 3586.46 | \$ 65.91 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 1 | 31 | 17,982.17 | 580.07 | .047 | 17982.17 | 27.54 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 11 | 223 | 25,055.35 | 112.36 | .342 | 2277.76 | 38.37 |
| @INTERMEDIATE CARE FACIL.-DD | 8 | 139 | \$ 21,813.66 | \$ 156.93 | .213 | \$ 2726.71 | \$ 33.41 |
| ICF DDH | 4 | 56 | 8,353.52 | 149.17 | .086 | 2088.38 | 12.79 |
| ICF DD | 1 | 31 | 3,994.66 | 128.86 | .047 | 3994.66 | 6.12 |
| ICF DDN/DDCN | 3 | 52 | 9,465.48 | 182.03 | .080 | 3155.16 | 14.50 |
| @HEMODIALYSIS TOTAL | 1 | 1 | \$ 424.26 | \$ 424.26 | .002 | \$ 424.26 | \$.65 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 1 | 1 | 424.26 | 424.26 | .002 | 424.26 | .65 |
| @REHABILITATION FACILITY | 8 | 61 | \$ 780.90 | \$ 12.80 | .093 | \$ 97.61 | \$ 1.20 |
| HOSPITAL BASED | 3 | 10 | 221.65 | 22.17 | .015 | 73.88 | .34 |
| INDEPENDENT FACILITY | 5 | 51 | 559.25 | 10.97 | .078 | 111.85 | .86 |
| @LABORATORY FACILITY | 49 | 193 | \$ 2,411.31 | \$ 12.49 | .296 | \$ 49.21 | \$ 3.69 |

| | | | | | | | | | |
|------------------------------|--------|--------|----|--------------|----|--------|--------|-----------|------------|
| PATHOLOGY | 49 | 193 | | 2,411.31 | | 12.49 | .296 | 49.21 | 3.69 |
| XO AND OTHERS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 12,205 | 17,264 | \$ | 2,965,172.75 | \$ | 171.75 | 26.438 | \$ 242.95 | \$ 4540.85 |
| CLINIC | 13 | 24 | | 1,343.35 | | 55.97 | .037 | 103.33 | 2.06 |
| SURGICENTER | 1 | 1 | | 66.33 | | 66.33 | .002 | 66.33 | .10 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 12,195 | 17,239 | | 2,963,763.07 | | 171.92 | 26.400 | 243.03 | 4538.69 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,132
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR CASH GRANT - DISABLED AID CODE 60

| | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|-------------------------------|-------|-------------------------------------|---------------|------------------------------|---|------------------|----------------------|
| 653 ELIGIBLES | | | | | | | |
| @ALL OTHER PROVIDERS | 2,029 | 141,684 | \$ 724,903.37 | \$ 5.12 | 216.974 | \$ 357.27 | \$ 1110.11 |
| DURABLE MED. EQUIP. | 1 | 2 | 283.69 | 141.85 | .003 | 283.69 | .43 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 35 | 387 | 3,902.40 | 10.08 | .593 | 111.50 | 5.98 |
| AMBULANCES/AIR TRANS | 27 | 206 | 3,236.04 | 15.71 | .315 | 119.85 | 4.96 |
| OTHER TRANS | 7 | 174 | 576.72 | 3.31 | .266 | 82.39 | .88 |
| OTHER SERVICES | 1 | 7 | 89.64 | 12.81 | .011 | 89.64 | .14 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 155 | 2,362 | 163,357.22 | 69.16 | 3.617 | 1053.92 | 250.16 |
| GENETIC DISEASE TESTING | 10 | 10 | 1,050.00 | 105.00 | .015 | 105.00 | 1.61 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 637 | 11,412 | 372,085.03 | 32.60 | 17.476 | 584.12 | 569.81 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 14 | 39 | 829.07 | 21.26 | .060 | 59.22 | 1.27 |
| PHYSICAL THERAPIST | 1 | 7 | 5.82 | .83 | .011 | 5.82 | .01 |
| PORTABLE X-RAY | 1 | 3 | 81.00 | 27.00 | .005 | 81.00 | .12 |
| PROSTHETIST/ORTHOTISTS | 1 | 2 | 152.02 | 76.01 | .003 | 152.02 | .23 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 1 | 2 | 152.02 | 76.01 | .003 | 152.02 | .23 |
| PSYCHOLOGIST | 45 | 277 | 6,792.65 | 24.52 | .424 | 150.95 | 10.40 |
| SPEECH AND AUDIOLOGY | 3 | 11 | 321.16 | 29.20 | .017 | 107.05 | .49 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 1,055 | 18,818 | 152,422.17 | 8.10 | 28.818 | 144.48 | 233.42 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 102 | 108,354 | 23,621.14 | .22 | 165.933 | 231.58 | 36.17 |
| @CALIF. CHILDREN SERVICES* | 26 | 770 | \$ 5,928.94 | \$ 7.70 | 1.179 | \$ 228.04 | \$ 9.08 |
| @XOVER EXCLUDING STATE HOSP** | 163 | 249 | \$ 105,697.40 | \$ 424.49 | .381 | \$ 648.45 | \$ 161.86 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,133
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G

| | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|-----------------------|--------|-------------------------------------|-----------------|------------------------------|---|------------------|----------------------|
| 1,497 ELIGIBLES | | | | | | | |
| @TOTAL, ALL PROVIDERS | 15,640 | 58,555 | \$ 2,728,302.26 | \$ 46.59 | 39.115 | \$ 174.44 | \$ 1822.51 |
| @PHYSICIANS SERVICES | 207 | 392 | \$ 16,486.74 | \$ 42.06 | .262 | \$ 79.65 | \$ 11.01 |
| OUTPATIENT VISITS | 169 | 224 | 8,594.92 | 38.37 | .150 | 50.86 | 5.74 |
| OFFICE VISITS | 107 | 139 | 4,966.59 | 35.73 | .093 | 46.42 | 3.32 |
| HOME VISITS | 2 | 2 | 90.42 | 45.21 | .001 | 45.21 | .06 |
| EMERGENCY ROOM | 63 | 71 | 3,132.80 | 44.12 | .047 | 49.73 | 2.09 |
| PREVENTIVE CARE | 4 | 4 | 230.27 | 57.57 | .003 | 57.57 | .15 |
| OB VISITS/COMPRE PERI | 2 | 4 | 33.10 | 8.28 | .003 | 16.55 | .02 |

| | | | | | | | | |
|----------------------------|-------|--------|----|--------------|----------|--------|-----------|-----------|
| OTHER OUTPATIENT | 4 | 4 | | 141.74 | 35.44 | .003 | 35.44 | .09 |
| INPATIENT VISITS | 6 | 14 | | 1,078.94 | 77.07 | .009 | 179.82 | .72 |
| HOSPITAL VISITS | 6 | 12 | | 672.30 | 56.03 | .008 | 112.05 | .45 |
| CRITICAL CARE | 1 | 2 | | 406.64 | 203.32 | .001 | 406.64 | .27 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 2 | 2 | | 115.58 | 57.79 | .001 | 57.79 | .08 |
| EXAMINATIONS | 2 | 2 | | 115.58 | 57.79 | .001 | 57.79 | .08 |
| SERVICES AND MATERIALS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 5 | 7 | | 2,982.42 | 426.06 | .005 | 596.48 | 1.99 |
| PRINCIPAL SURGEON | 4 | 4 | | 2,721.84 | 680.46 | .003 | 680.46 | 1.82 |
| ASSISTANT SURGEON | 1 | 1 | | 186.50 | 186.50 | .001 | 186.50 | .12 |
| ANESTHESIOLOGIST | 1 | 2 | | 74.08 | 37.04 | .001 | 74.08 | .05 |
| OUTPATIENT SURGERY | 12 | 19 | | 1,420.63 | 74.77 | .013 | 118.39 | .95 |
| PRINCIPAL SURGEON | 11 | 12 | | 1,266.02 | 105.50 | .008 | 115.09 | .85 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 2 | 7 | | 154.61 | 22.09 | .005 | 77.31 | .10 |
| DIALYSIS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 21 | 46 | | 331.56 | 7.21 | .031 | 15.79 | .22 |
| RADIOLOGY | 32 | 45 | | 852.04 | 18.93 | .030 | 26.63 | .57 |
| PSYCHIATRY | 1 | 7 | | 269.24 | 38.46 | .005 | 269.24 | .18 |
| IMMUNIZATION AND INJECTION | 2 | 2 | | 23.93 | 11.97 | .001 | 11.97 | .02 |
| OTHER SERVICES/ALL X-OVERS | 19 | 26 | | 817.48 | 31.44 | .017 | 43.03 | .55 |
| @PHARMACY | 528 | 1,506 | \$ | 107,965.43 | \$ 71.69 | 1.006 | \$ 204.48 | \$ 72.12 |
| PRESCRIPTION DRUGS | 524 | 1,495 | | 107,703.50 | 72.04 | .999 | 205.54 | 71.95 |
| SNF/ICF | 7 | 29 | | 2,697.29 | 93.01 | .019 | 385.33 | 1.80 |
| OUTPATIENTS | 523 | 1,466 | | 105,006.21 | 71.63 | .979 | 200.78 | 70.14 |
| MEDICAL SUPPLIES | 7 | 11 | | 261.93 | 23.81 | .007 | 37.42 | .17 |
| @DENTIST | 7,135 | 36,980 | \$ | 1,077,561.70 | \$ 29.14 | 24.703 | \$ 151.02 | \$ 719.81 |
| VISITS - DIAGNOSTIC | 5,068 | 24,628 | | 336,245.33 | 13.65 | 16.452 | 66.35 | 224.61 |
| ORAL SURGERY | 979 | 1,732 | | 94,087.00 | 54.32 | 1.157 | 96.11 | 62.85 |
| DRUGS | 827 | 1,087 | | 25,956.00 | 23.88 | .726 | 31.39 | 17.34 |
| ANESTHESIA | 125 | 130 | | 11,370.00 | 87.46 | .087 | 90.96 | 7.60 |
| PERIODONTICS | 108 | 115 | | 13,867.75 | 120.59 | .077 | 128.41 | 9.26 |
| ENDODONTICS | 717 | 1,229 | | 138,118.40 | 112.38 | .821 | 192.63 | 92.26 |
| RESTORATIVE DENTISTRY | 2,574 | 7,146 | | 396,994.50 | 55.55 | 4.774 | 154.23 | 265.19 |
| PROSTHETICS | 14 | 14 | | 350.00 | 25.00 | .009 | 25.00 | .23 |
| DENTURES, STAYPLATES | 44 | 179 | | 11,884.00 | 66.39 | .120 | 270.09 | 7.94 |
| SPACE MAINTAINERS | 84 | 98 | | 11,480.00 | 117.14 | .065 | 136.67 | 7.67 |
| MAXILLOFACIAL SERVICES | 23 | 22 | | 1,162.08 | 52.82 | .015 | 50.53 | .78 |
| FRACTURES, DISLOCATIONS | 1 | 1 | | .00 | .00 | .001 | .00 | .00 |
| ORTHODONTIC SERVICES | 353 | 403 | | 35,746.64 | 88.70 | .269 | 101.27 | 23.88 |
| ALL OTHER SERVICES | 109 | 196 | | 300.00 | 1.53 | .131 | 2.75 | .20 |

#CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G

PAGE 13,134
01/29/04

| | 1,497 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|-----------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @OPTOMETRIST | 65 | 131 | \$ | 3,516.03 | \$ 26.84 | .088 | \$ 54.09 | \$ 2.35 |
| DIAGNOSTIC AND ANC. PROCED | 51 | 52 | | 2,253.12 | 43.33 | .035 | 44.18 | 1.51 |
| EYE APPLIANCES | 41 | 79 | | 1,262.91 | 15.99 | .053 | 30.80 | .84 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 1 | 1 | \$ | 55.64 | \$ 55.64 | .001 | \$ 55.64 | \$.04 |
| MEDICINE/INJECTIONS | 1 | 1 | | 55.64 | 55.64 | .001 | 55.64 | .04 |
| SURGERY/ANES. | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | | | | |
|------------------------------|-----|-----|----|-----------|----|--------|------|----|---------|----|-------|
| @HOME HEALTH AGENCY | 1 | 2 | \$ | 104.99 | \$ | 52.50 | .001 | \$ | 104.99 | \$ | .07 |
| NURSE ANESTHESIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| NURSE MIDWIFE | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 1 | 2 | \$ | 31.20 | \$ | 15.60 | .001 | \$ | 31.20 | \$ | .02 |
| @TOTAL HOSPITAL | 147 | 455 | \$ | 18,610.82 | \$ | 40.90 | .304 | \$ | 126.60 | \$ | 12.43 |
| HOSP INPATIENT TOTAL | 3 | 9 | | 6,968.45 | | 774.27 | .006 | | 2322.82 | | 4.65 |
| HSC HOSPITALS | 1 | 1 | | 970.00 | | 970.00 | .001 | | 970.00 | | .65 |
| NON-HSC HOSPITAL TOTAL | 2 | 8 | | 5,998.45 | | 749.81 | .005 | | 2999.23 | | 4.01 |
| ACCOMMODATIONS | 2 | 8 | | 2,343.72 | | 292.97 | .005 | | 1171.86 | | 1.57 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 2 | 8 | | 2,343.72 | | 292.97 | .005 | | 1171.86 | | 1.57 |
| ANCILLARIES | 2 | 0 | | 3,654.73 | | .00 | .000 | | 1827.37 | | 2.44 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HOSP OUTPATIENT TOTAL | 144 | 446 | | 11,642.37 | | 26.10 | .298 | | 80.85 | | 7.78 |
| MEDICAL | 40 | 52 | | 1,939.09 | | 37.29 | .035 | | 48.48 | | 1.30 |
| SURGERY | 13 | 13 | | 167.76 | | 12.90 | .009 | | 12.90 | | .11 |
| PATHOLOGY | 40 | 151 | | 1,806.82 | | 11.97 | .101 | | 45.17 | | 1.21 |
| RADIOLOGY | 44 | 60 | | 2,380.24 | | 39.67 | .040 | | 54.10 | | 1.59 |
| ROOM USE | 100 | 118 | | 4,408.06 | | 37.36 | .079 | | 44.08 | | 2.94 |
| CROSSOVERS/ALL OTH OUTPTNT | 40 | 52 | | 940.40 | | 18.08 | .035 | | 23.51 | | .63 |
| @COUNTY HOSPITAL TOTAL | 26 | 72 | \$ | 2,413.57 | \$ | 33.52 | .048 | \$ | 92.83 | \$ | 1.61 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CO HOSP OUTPATIENT TOTAL | 26 | 72 | | 2,413.57 | | 33.52 | .048 | | 92.83 | | 1.61 |
| MEDICAL | 19 | 23 | | 896.34 | | 38.97 | .015 | | 47.18 | | .60 |
| SURGERY | 3 | 3 | | 22.44 | | 7.48 | .002 | | 7.48 | | .01 |
| PATHOLOGY | 4 | 5 | | 28.18 | | 5.64 | .003 | | 7.05 | | .02 |
| RADIOLOGY | 8 | 10 | | 360.18 | | 36.02 | .007 | | 45.02 | | .24 |
| ROOM USE | 22 | 27 | | 951.48 | | 35.24 | .018 | | 43.25 | | .64 |
| CROSSOVERS/ALL OTH OUTPTNT | 3 | 4 | | 154.95 | | 38.74 | .003 | | 51.65 | | .10 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,135
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G

| | 1,497 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|-----------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @COMMUNITY HOSPITAL TOTAL | 125 | 383 | \$ | 16,197.25 | \$ 42.29 | .256 | \$ 129.58 | \$ 10.82 |
| COMM HOSP INPATIENT TOTAL | 3 | 9 | | 6,968.45 | 774.27 | .006 | 2322.82 | 4.65 |
| HSC HOSPITALS | 1 | 1 | | 970.00 | 970.00 | .001 | 970.00 | .65 |
| NON-HSC HOSPITALS TOTAL | 2 | 8 | | 5,998.45 | 749.81 | .005 | 2999.23 | 4.01 |
| ACCOMMODATIONS | 2 | 8 | | 2,343.72 | 292.97 | .005 | 1171.86 | 1.57 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 2 | 8 | | 2,343.72 | 292.97 | .005 | 1171.86 | 1.57 |
| ANCILLARIES | 2 | 0 | | 3,654.73 | .00 | .000 | 1827.37 | 2.44 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 122 | 374 | | 9,228.80 | 24.68 | .250 | 75.65 | 6.16 |
| MEDICAL | 21 | 29 | | 1,042.75 | 35.96 | .019 | 49.65 | .70 |

| | | | | | | | | | |
|------------------------------|----|-----|----|----------|----|-------|------|--------|--------|
| SURGERY | 10 | 10 | | 145.32 | | 14.53 | .007 | 14.53 | .10 |
| PATHOLOGY | 37 | 146 | | 1,778.64 | | 12.18 | .098 | 48.07 | 1.19 |
| RADIOLOGY | 37 | 50 | | 2,020.06 | | 40.40 | .033 | 54.60 | 1.35 |
| ROOM USE | 81 | 91 | | 3,456.58 | | 37.98 | .061 | 42.67 | 2.31 |
| CROSSTOVERS/ALL OTH OUTPTNT | 37 | 48 | | 785.45 | | 16.36 | .032 | 21.23 | .52 |
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$.00 | \$.00 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$.00 | \$.00 |

| | | | | | | | | | | | |
|------------------------------|---|-------|----|--------------|----|--------|-------|--------|--------|--------|-------------|
| ICF DDH | 0 | 0 | | .00 | | .000 | | .00 | | .00 | |
| ICF DD | 0 | 0 | | .00 | | .000 | | .00 | | .00 | |
| ICF DDN/DDCN | 0 | 0 | | .00 | | .000 | | .00 | | .00 | |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | \$ | .000 | \$ | .00 | \$ | .00 | |
| HOSPITAL BASED | 0 | 0 | | .00 | | .000 | | .00 | | .00 | |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | | .000 | | .00 | | .00 | |
| @REHABILITATION FACILITY | 2 | 25 | \$ | 586.01 | \$ | .017 | \$ | 293.01 | \$ | .39 | |
| HOSPITAL BASED | 2 | 25 | | 586.01 | | .017 | | 293.01 | | .39 | |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .000 | | .00 | | .00 | |
| @LABORATORY FACILITY | 134 | 604 | \$ | 7,742.49 | \$ | .403 | \$ | 57.78 | \$ | 5.17 | |
| PATHOLOGY | 134 | 604 | | 7,742.49 | | .403 | | 57.78 | | 5.17 | |
| XO AND OTHERS | 0 | 0 | | .00 | | .000 | | .00 | | .00 | |
| @ORGANIZED OUTPATIENT CLINIC | 6,313 | 8,764 | \$ | 1,382,725.53 | \$ | 157.77 | 5.854 | \$ | 219.03 | \$ | 923.66 |
| CLINIC | 29 | 136 | | 3,283.82 | | 24.15 | | 113.24 | | 2.19 | |
| SURGICENTER | 0 | 0 | | .00 | | .000 | | .00 | | .00 | |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .000 | | .00 | | .00 | |
| RURAL HEALTH CLINIC | 6,284 | 8,628 | | 1,379,441.71 | | 159.88 | 5.764 | 219.52 | | 921.47 | |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | | | | | | | | | | PAGE 13,136 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | | | | 01/29/04 |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G | | | | | | | | | | |

| | 1,497 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|-------------------------------|-----------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @ALL OTHER PROVIDERS | 2,336 | 9,693 | \$ | 112,915.68 | \$ 11.65 | 6.475 | \$ 48.34 | \$ 75.43 |
| DURABLE MED. EQUIP. | 2 | 3 | | 138.25 | 46.08 | .002 | 69.13 | .09 |
| BLOOD BANK | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 16 | 139 | | 1,938.77 | 13.95 | .093 | 121.17 | 1.30 |
| AMBULANCES/AIR TRANS | 16 | 139 | | 1,938.77 | 13.95 | .093 | 121.17 | 1.30 |
| OTHER TRANS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 134 | 134 | | 13,851.00 | 103.37 | .090 | 103.37 | 9.25 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 18 | 50 | | 923.73 | 18.47 | .033 | 51.32 | .62 |
| PHYSICAL THERAPIST | 1 | 12 | | 192.13 | 16.01 | .008 | 192.13 | .13 |
| PORTABLE X-RAY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 7 | 71 | | 4,121.79 | 58.05 | .047 | 588.83 | 2.75 |
| SPEECH AND AUDIOLOGY | 7 | 66 | | 2,003.35 | 30.35 | .044 | 286.19 | 1.34 |
| HOSPICE SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 2,151 | 9,118 | | 89,673.73 | 9.83 | 6.091 | 41.69 | 59.90 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 1 | 100 | | 72.93 | .73 | .067 | 72.93 | .05 |
| @CALIF. CHILDREN SERVICES* | 11 | 45 | \$ | 1,456.24 | \$ 32.36 | .030 | \$ 132.39 | \$.97 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| | | |
|----------------------------|---|-------------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | PAGE 13,137 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | 01/29/04 |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR CASH GRANT - TOTAL | |

----- MONTHLY AVERAGE -----

| 2,304 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|---|-------------------------------------|-----------------|------------------------------|------------------------|------------------|----------------------|
| @TOTAL, ALL PROVIDERS | 40,057 | 384,315 | \$ 9,454,752.14 | \$ 24.60 | 166.803 | \$ 236.03 | \$ 4103.63 |
| @PHYSICIANS SERVICES | 387 | 840 | \$ 32,022.34 | \$ 38.12 | .365 | \$ 82.75 | \$ 13.90 |
| OUTPATIENT VISITS | 261 | 337 | 14,342.41 | 42.56 | .146 | 54.95 | 6.23 |
| OFFICE VISITS | 147 | 185 | 6,981.52 | 37.74 | .080 | 47.49 | 3.03 |
| HOME VISITS | 2 | 2 | 90.42 | 45.21 | .001 | 45.21 | .04 |
| EMERGENCY ROOM | 112 | 132 | 6,664.84 | 50.49 | .057 | 59.51 | 2.89 |
| PREVENTIVE CARE | 4 | 4 | 230.27 | 57.57 | .002 | 57.57 | .10 |
| OB VISITS/COMPRE PERI | 2 | 4 | 33.10 | 8.28 | .002 | 16.55 | .01 |
| OTHER OUTPATIENT | 10 | 10 | 342.26 | 34.23 | .004 | 34.23 | .15 |
| INPATIENT VISITS | 27 | 56 | 3,237.45 | 57.81 | .024 | 119.91 | 1.41 |
| HOSPITAL VISITS | 12 | 26 | 1,436.21 | 55.24 | .011 | 119.68 | .62 |
| CRITICAL CARE | 2 | 6 | 893.04 | 148.84 | .003 | 446.52 | .39 |
| SNF/ICF/TRANS IP CARE | 14 | 24 | 908.20 | 37.84 | .010 | 64.87 | .39 |
| OPHTHALMOLOGICAL SERVICES | 5 | 5 | 256.16 | 51.23 | .002 | 51.23 | .11 |
| EXAMINATIONS | 5 | 5 | 256.16 | 51.23 | .002 | 51.23 | .11 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 8 | 13 | 4,372.25 | 336.33 | .006 | 546.53 | 1.90 |
| PRINCIPAL SURGEON | 6 | 6 | 3,965.69 | 660.95 | .003 | 660.95 | 1.72 |
| ASSISTANT SURGEON | 1 | 1 | 186.50 | 186.50 | .000 | 186.50 | .08 |
| ANESTHESIOLOGIST | 2 | 6 | 220.06 | 36.68 | .003 | 110.03 | .10 |
| OUTPATIENT SURGERY | 17 | 35 | 2,004.12 | 57.26 | .015 | 117.89 | .87 |
| PRINCIPAL SURGEON | 14 | 15 | 1,609.09 | 107.27 | .007 | 114.94 | .70 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 4 | 20 | 395.03 | 19.75 | .009 | 98.76 | .17 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 33 | 123 | 562.73 | 4.58 | .053 | 17.05 | .24 |
| RADIOLOGY | 72 | 130 | 4,132.70 | 31.79 | .056 | 57.40 | 1.79 |
| PSYCHIATRY | 1 | 7 | 269.24 | 38.46 | .003 | 269.24 | .12 |
| IMMUNIZATION AND INJECTION | 2 | 2 | 23.93 | 11.97 | .001 | 11.97 | .01 |
| OTHER SERVICES/ALL X-OVERS | 70 | 132 | 2,821.35 | 21.37 | .057 | 40.31 | 1.22 |
| @PHARMACY | 1,983 | 69,851 | \$ 562,492.34 | \$ 8.05 | 30.317 | \$ 283.66 | \$ 244.14 |
| PRESCRIPTION DRUGS | 1,790 | 4,274 | 526,605.17 | 123.21 | 1.855 | 294.19 | 228.56 |
| SNF/ICF | 88 | 299 | 35,373.65 | 118.31 | .130 | 401.97 | 15.35 |
| OUTPATIENTS | 1,718 | 3,975 | 491,231.52 | 123.58 | 1.725 | 285.93 | 213.21 |
| MEDICAL SUPPLIES | 218 | 65,577 | 35,887.17 | .55 | 28.462 | 164.62 | 15.58 |
| @DENTIST | 14,129 | 67,245 | \$ 2,271,906.91 | \$ 33.79 | 29.186 | \$ 160.80 | \$ 986.07 |
| VISITS - DIAGNOSTIC | 9,618 | 43,466 | 559,275.87 | 12.87 | 18.865 | 58.15 | 242.74 |
| ORAL SURGERY | 2,060 | 4,588 | 232,810.15 | 50.74 | 1.991 | 113.01 | 101.05 |
| DRUGS | 890 | 1,163 | 27,684.40 | 23.80 | .505 | 31.11 | 12.02 |
| ANESTHESIA | 208 | 216 | 17,789.00 | 82.36 | .094 | 85.52 | 7.72 |
| PERIODONTICS | 525 | 592 | 80,821.75 | 136.52 | .257 | 153.95 | 35.08 |
| ENDODONTICS | 1,119 | 1,810 | 256,728.90 | 141.84 | .786 | 229.43 | 111.43 |
| RESTORATIVE DENTISTRY | 4,503 | 11,967 | 778,294.25 | 65.04 | 5.194 | 172.84 | 337.80 |
| PROSTHETICS | 104 | 110 | 3,155.00 | 28.68 | .048 | 30.34 | 1.37 |
| DENTURES, STAYPLATES | 745 | 2,287 | 256,737.33 | 112.26 | .993 | 344.61 | 111.43 |
| SPACE MAINTAINERS | 94 | 108 | 12,550.00 | 116.20 | .047 | 133.51 | 5.45 |
| MAXILLOFACIAL SERVICES | 37 | 39 | 2,543.62 | 65.22 | .017 | 68.75 | 1.10 |
| FRACTURES, DISLOCATIONS | 1 | 1 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 428 | 495 | 43,141.64 | 87.15 | .215 | 100.80 | 18.72 |
| ALL OTHER SERVICES | 258 | 403 | 375.00 | .93 | .175 | 1.45 | .16 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | | | | | | PAGE 13,138 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | 01/29/04 |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR CASH GRANT - TOTAL | | | | | | |

| 2,304 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @OPTOMETRIST | 126 | 279 | \$ 6,777.33 | \$ 24.29 | .121 | \$ 53.79 | \$ 2.94 |
| DIAGNOSTIC AND ANC. PROCED | 90 | 87 | 3,772.68 | 43.36 | .038 | 41.92 | 1.64 |

| | | | | | | | | |
|------------------------------|-----|-------|----|------------|-----------|------|-----------|----------|
| EYE APPLIANCES | 86 | 191 | | 2,993.24 | 15.67 | .083 | 34.81 | 1.30 |
| OTHER OPTOMETRIC SERVICES | 1 | 1 | | 11.41 | 11.41 | .000 | 11.41 | .00 |
| @CHIROPRACTOR | 1 | 3 | \$ | 50.16 | \$ 16.72 | .001 | \$ 50.16 | \$.02 |
| VISITS | 1 | 3 | | 50.16 | 16.72 | .001 | 50.16 | .02 |
| OTHER SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 6 | 6 | \$ | 138.53 | \$ 23.09 | .003 | \$ 23.09 | \$.06 |
| MEDICINE/INJECTIONS | 2 | 2 | | 77.04 | 38.52 | .001 | 38.52 | .03 |
| SURGERY/ANES. | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER | 4 | 4 | | 61.49 | 15.37 | .002 | 15.37 | .03 |
| @HOME HEALTH AGENCY | 4 | 14 | \$ | 946.54 | \$ 67.61 | .006 | \$ 236.64 | \$.41 |
| NURSE ANESTHESIST | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE MIDWIFE | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| FAMILY NURSE PRACTITIONER | 1 | 2 | \$ | 31.20 | \$ 15.60 | .001 | \$ 31.20 | \$.01 |
| @TOTAL HOSPITAL | 372 | 1,521 | \$ | 213,792.57 | \$ 140.56 | .660 | \$ 574.71 | \$ 92.79 |
| HOSP INPATIENT TOTAL | 128 | 608 | | 191,533.92 | 315.02 | .264 | 1496.36 | 83.13 |
| HSC HOSPITALS | 6 | 32 | | 28,916.00 | 903.63 | .014 | 4819.33 | 12.55 |
| NON-HSC HOSPITAL TOTAL | 8 | 44 | | 66,064.71 | 1501.47 | .019 | 8258.09 | 28.67 |
| ACCOMMODATIONS | 8 | 44 | | 33,751.67 | 767.08 | .019 | 4218.96 | 14.65 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 8 | 44 | | 33,751.67 | 767.08 | .019 | 4218.96 | 14.65 |
| ANCILLARIES | 8 | 0 | | 32,313.04 | .00 | .000 | 4039.13 | 14.02 |
| INPATIENT CROSSOVERS | 114 | 532 | | 96,553.21 | 181.49 | .231 | 846.96 | 41.91 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 245 | 913 | | 22,258.65 | 24.38 | .396 | 90.85 | 9.66 |
| MEDICAL | 64 | 84 | | 2,889.63 | 34.40 | .036 | 45.15 | 1.25 |
| SURGERY | 14 | 14 | | 219.05 | 15.65 | .006 | 15.65 | .10 |
| PATHOLOGY | 70 | 295 | | 3,239.12 | 10.98 | .128 | 46.27 | 1.41 |
| RADIOLOGY | 72 | 105 | | 5,394.76 | 51.38 | .046 | 74.93 | 2.34 |
| ROOM USE | 153 | 188 | | 6,781.40 | 36.07 | .082 | 44.32 | 2.94 |
| CROSSOVERS/ALL OTH OUTPTNT | 101 | 227 | | 3,734.69 | 16.45 | .099 | 36.98 | 1.62 |
| @COUNTY HOSPITAL TOTAL | 38 | 117 | \$ | 3,441.37 | \$ 29.41 | .051 | \$ 90.56 | \$ 1.49 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 38 | 117 | | 3,441.37 | 29.41 | .051 | 90.56 | 1.49 |
| MEDICAL | 28 | 35 | | 1,185.73 | 33.88 | .015 | 42.35 | .51 |
| SURGERY | 3 | 3 | | 22.44 | 7.48 | .001 | 7.48 | .01 |
| PATHOLOGY | 7 | 17 | | 195.95 | 11.53 | .007 | 27.99 | .09 |
| RADIOLOGY | 10 | 14 | | 480.60 | 34.33 | .006 | 48.06 | .21 |
| ROOM USE | 31 | 39 | | 1,359.56 | 34.86 | .017 | 43.86 | .59 |
| CROSSOVERS/ALL OTH OUTPTNT | 8 | 9 | | 197.09 | 21.90 | .004 | 24.64 | .09 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,139
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

| | 2,304 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|---------------------------|-----------------|-------|-------------------------------------|---------------|------------------------------|------------------------|------------------|----------------------|
| @COMMUNITY HOSPITAL TOTAL | 341 | | 1,404 | \$ 210,351.20 | \$ 149.82 | .609 | \$ 616.87 | \$ 91.30 |
| COMM HOSP INPATIENT TOTAL | 128 | | 608 | 191,533.92 | 315.02 | .264 | 1496.36 | 83.13 |
| HSC HOSPITALS | 6 | | 32 | 28,916.00 | 903.63 | .014 | 4819.33 | 12.55 |

| | | | | | | | | |
|------------------------------|--------|--------|----|--------------|-----------|--------|-------------|------------|
| NON-HSC HOSPITALS TOTAL | 8 | 44 | | 66,064.71 | 1501.47 | .019 | 8258.09 | 28.67 |
| ACCOMMODATIONS | 8 | 44 | | 33,751.67 | 767.08 | .019 | 4218.96 | 14.65 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 8 | 44 | | 33,751.67 | 767.08 | .019 | 4218.96 | 14.65 |
| ANCILLARIES | 8 | 0 | | 32,313.04 | .00 | .000 | 4039.13 | 14.02 |
| INPATIENT CROSSOVERS | 114 | 532 | | 96,553.21 | 181.49 | .231 | 846.96 | 41.91 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 214 | 796 | | 18,817.28 | 23.64 | .345 | 87.93 | 8.17 |
| MEDICAL | 37 | 49 | | 1,703.90 | 34.77 | .021 | 46.05 | .74 |
| SURGERY | 11 | 11 | | 196.61 | 17.87 | .005 | 17.87 | .09 |
| PATHOLOGY | 64 | 278 | | 3,043.17 | 10.95 | .121 | 47.55 | 1.32 |
| RADIOLOGY | 63 | 91 | | 4,914.16 | 54.00 | .039 | 78.00 | 2.13 |
| ROOM USE | 127 | 149 | | 5,421.84 | 36.39 | .065 | 42.69 | 2.35 |
| CROSSOVERS/ALL OTH OUTPTNT | 93 | 218 | | 3,537.60 | 16.23 | .095 | 38.04 | 1.54 |
| @STATE HOSPITAL | 2 | 57 | \$ | 40,598.82 | \$ 712.26 | .025 | \$ 20299.41 | \$ 17.62 |
| MENTALLY ILL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 2 | 57 | | 40,598.82 | 712.26 | .025 | 20299.41 | 17.62 |
| @NURSING FACILITY | 14 | 260 | \$ | 42,648.78 | \$ 164.03 | .113 | \$ 3046.34 | \$ 18.51 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 1 | 31 | | 17,982.17 | 580.07 | .013 | 17982.17 | 7.80 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 13 | 229 | | 24,666.61 | 107.71 | .099 | 1897.43 | 10.71 |
| @INTERMEDIATE CARE FACIL.-DD | 9 | 167 | \$ | 25,990.42 | \$ 155.63 | .072 | \$ 2887.82 | \$ 11.28 |
| ICF DDH | 5 | 84 | | 12,530.28 | 149.17 | .036 | 2506.06 | 5.44 |
| ICF DD | 1 | 31 | | 3,994.66 | 128.86 | .013 | 3994.66 | 1.73 |
| ICF DDN/DDCN | 3 | 52 | | 9,465.48 | 182.03 | .023 | 3155.16 | 4.11 |
| @HEMODIALYSIS TOTAL | 1 | 1 | \$ | 424.26 | \$ 424.26 | .000 | \$ 424.26 | \$.18 |
| HOSPITAL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 1 | 1 | | 424.26 | 424.26 | .000 | 424.26 | .18 |
| @REHABILITATION FACILITY | 10 | 86 | \$ | 1,366.91 | \$ 15.89 | .037 | \$ 136.69 | \$.59 |
| HOSPITAL BASED | 5 | 35 | | 807.66 | 23.08 | .015 | 161.53 | .35 |
| INDEPENDENT FACILITY | 5 | 51 | | 559.25 | 10.97 | .022 | 111.85 | .24 |
| @LABORATORY FACILITY | 187 | 810 | \$ | 10,424.27 | \$ 12.87 | .352 | \$ 55.74 | \$ 4.52 |
| PATHOLOGY | 187 | 810 | | 10,424.27 | 12.87 | .352 | 55.74 | 4.52 |
| XO AND OTHERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 20,761 | 28,977 | \$ | 4,883,806.10 | \$ 168.54 | 12.577 | \$ 235.24 | \$ 2119.71 |
| CLINIC | 43 | 161 | | 4,659.79 | 28.94 | .070 | 108.37 | 2.02 |
| SURGICENTER | 1 | 1 | | 66.33 | 66.33 | .000 | 66.33 | .03 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 20,721 | 28,815 | | 4,879,079.98 | 169.32 | 12.507 | 235.47 | 2117.66 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,140
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

| | 2,304 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | ----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|---------------------------|-----------------|-------|-------------------------------------|-----------------|------------------------------|---|------------------|----------------------|
| @ALL OTHER PROVIDERS | 5,497 | | 214,196 | \$ 1,361,334.66 | \$ 6.36 | 92.967 | \$ 247.65 | \$ 590.86 |
| DURABLE MED. EQUIP. | 3 | | 5 | 421.94 | 84.39 | .002 | 140.65 | .18 |
| BLOOD BANK | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 2 | | 2 | 58.14 | 29.07 | .001 | 29.07 | .03 |
| MEDICAL TRANSPORTATION | 51 | | 526 | 5,841.17 | 11.10 | .228 | 114.53 | 2.54 |
| AMBULANCES/AIR TRANS | 43 | | 345 | 5,174.81 | 15.00 | .150 | 120.34 | 2.25 |
| OTHER TRANS | 7 | | 174 | 576.72 | 3.31 | .076 | 82.39 | .25 |
| OTHER SERVICES | 1 | | 7 | 89.64 | 12.81 | .003 | 89.64 | .04 |
| ACUPUNCTURE | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 316 | | 5,410 | 373,855.84 | 69.10 | 2.348 | 1183.09 | 162.26 |
| GENETIC DISEASE TESTING | 145 | | 145 | 15,006.00 | 103.49 | .063 | 103.49 | 6.51 |

| | | | | | | | |
|----------------------------|-------|--------|------------|-------|--------|--------|--------|
| IHMC,MODEL-NF,NF,AIDS,MSSP | 1,556 | 16,786 | 677,136.70 | 40.34 | 7.286 | 435.18 | 293.90 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 37 | 104 | 2,080.25 | 20.00 | .045 | 56.22 | .90 |
| PHYSICAL THERAPIST | 2 | 19 | 197.95 | 10.42 | .008 | 98.98 | .09 |
| PORTABLE X-RAY | 1 | 3 | 81.00 | 27.00 | .001 | 81.00 | .04 |
| PROSTHETIST/ORTHOTISTS | 1 | 2 | 152.02 | 76.01 | .001 | 152.02 | .07 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 1 | 2 | 152.02 | 76.01 | .001 | 152.02 | .07 |
| PSYCHOLOGIST | 52 | 348 | 10,914.44 | 31.36 | .151 | 209.89 | 4.74 |
| SPEECH AND AUDIOLOGY | 10 | 77 | 2,324.51 | 30.19 | .033 | 232.45 | 1.01 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 3,215 | 28,028 | 243,029.31 | 8.67 | 12.165 | 75.59 | 105.48 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | | | | |
|-------------------------------|-----|---------|----|------------|----|--------|--------|----|--------|----|-------|
| ALL OTHER PROVIDERS | 146 | 162,741 | | 30,235.39 | | .19 | 70.634 | | 207.09 | | 13.12 |
| @CALIF. CHILDREN SERVICES* | 37 | 815 | \$ | 7,385.18 | \$ | 9.06 | .354 | \$ | 199.60 | \$ | 3.21 |
| @XOVER EXCLUDING STATE HOSP** | 192 | 309 | \$ | 102,893.71 | \$ | 332.99 | .134 | \$ | 535.90 | \$ | 44.66 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,141
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

SANTA BARBARA COUN SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS

AID CODES 47 69

| 29 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | ----- MONTHLY AVERAGE ----- | | COST PER USER | COST PER ELIGIBLE |
|----------------------------|-------|-------------------------------------|---------------|------------------------------|-----------------------------|----|------------------|----------------------|
| | | | | | UNITS/DAYS PER ELIG | | | |
| @TOTAL, ALL PROVIDERS | 447 | 671 | \$ 127,019.06 | \$ 189.30 | 23.138 | \$ | 284.16 | \$ 4379.97 |
| @PHYSICIANS SERVICES | 6 | 14 | \$ 395.28 | \$ 28.23 | .483 | \$ | 65.88 | \$ 13.63 |
| OUTPATIENT VISITS | 6 | 12 | 376.84 | 31.40 | .414 | | 62.81 | 12.99 |
| OFFICE VISITS | 5 | 8 | 245.67 | 30.71 | .276 | | 49.13 | 8.47 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| EMERGENCY ROOM | 1 | 1 | 68.35 | 68.35 | .034 | | 68.35 | 2.36 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| OTHER OUTPATIENT | 2 | 3 | 62.82 | 20.94 | .103 | | 31.41 | 2.17 |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| OUTPATIENT SURGERY | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| PATHOLOGY | 2 | 2 | 18.44 | 9.22 | .069 | | 9.22 | .64 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| @PHARMACY | 6 | 15 | \$ 158.43 | \$ 10.56 | .517 | \$ | 26.41 | \$ 5.46 |
| PRESCRIPTION DRUGS | 6 | 15 | 158.43 | 10.56 | .517 | | 26.41 | 5.46 |
| SNF/ICF | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| OUTPATIENTS | 6 | 15 | 158.43 | 10.56 | .517 | | 26.41 | 5.46 |
| MEDICAL SUPPLIES | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| @DENTIST | 7 | 10 | \$ 224.00 | \$ 22.40 | .345 | \$ | 32.00 | \$ 7.72 |
| VISITS - DIAGNOSTIC | 6 | 9 | 174.00 | 19.33 | .310 | | 29.00 | 6.00 |
| ORAL SURGERY | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| DRUGS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ANESTHESIA | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| PERIODONTICS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ENDODONTICS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| RESTORATIVE DENTISTRY | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| DENTURES, STAYPLATES | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |

| | | | | | | | |
|----------------------|---|---|-------|-------|------|-------|------|
| ORTHODONTIC SERVICES | 1 | 1 | 50.00 | 50.00 | .034 | 50.00 | 1.72 |
| ALL OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MOP024
 SANTA BARBARA COUN

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS

AID CODES 47 69

PAGE 13,142
 01/29/04

| 29 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @OPTOMETRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EYE APPLIANCES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE ANESTHESIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NURSE MIDWIFE | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @TOTAL HOSPITAL | 5 | 4 | \$ 26,021.72 | \$ 6505.43 | .138 | \$ 5204.34 | \$ 897.30 |
| HOSP INPATIENT TOTAL | 1 | 0 | 25,894.00 | .00 | .000 | 25894.00 | 892.90 |
| HSC HOSPITALS | 1 | 0 | 25,894.00 | .00 | .000 | 25894.00 | 892.90 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 4 | 4 | 127.72 | 31.93 | .138 | 31.93 | 4.40 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 4 | 4 | 127.72 | 31.93 | .138 | 31.93 | 4.40 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| 29 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | ----- MONTHLY AVERAGE ----- | | COST PER USER | COST PER ELIGIBLE |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|-----------------------------|--|------------------|----------------------|
| | | | | | UNITS/DAYS PER ELIG | | | |
| @COMMUNITY HOSPITAL TOTAL | 5 | 4 | \$ 26,021.72 | \$ 6505.43 | .138 | | \$ 5204.34 | \$ 897.30 |
| COMM HOSP INPATIENT TOTAL | 1 | 0 | 25,894.00 | .00 | .000 | | 25894.00 | 892.90 |
| HSC HOSPITALS | 1 | 0 | 25,894.00 | .00 | .000 | | 25894.00 | 892.90 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 4 | 4 | 127.72 | 31.93 | .138 | | 31.93 | 4.40 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ROOM USE | 4 | 4 | 127.72 | 31.93 | .138 | | 31.93 | 4.40 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| @STATE HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| @NURSING FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | | \$.00 | \$.00 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$.00 | \$.00 | .000 | | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ICF DD | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| INDEPENDENT FACILITY | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| @LABORATORY FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | | \$.00 | \$.00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| XO AND OTHERS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 424 | 594 | \$ 99,741.51 | \$ 167.92 | 20.483 | | \$ 235.24 | \$ 3439.36 |
| CLINIC | 2 | 2 | 18.00 | 9.00 | .069 | | 9.00 | .62 |
| SURGICENTER | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| RURAL HEALTH CLINIC | 422 | 592 | 99,723.51 | 168.45 | 20.414 | | 236.31 | 3438.74 |

| 29 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | ----- MONTHLY AVERAGE ----- | | COST PER USER | COST PER ELIGIBLE |
|----------------------|-------|-------------------------------------|--------------|------------------------------|-----------------------------|--|------------------|----------------------|
| | | | | | UNITS/DAYS PER ELIG | | | |
| @ALL OTHER PROVIDERS | 7 | 34 | \$ 478.12 | \$ 14.06 | 1.172 | | \$ 68.30 | \$ 16.49 |

| | | | | | | | |
|-------------------------------|---|------|--------------|--------------|----------|----------|-----------|
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 3 | 3 | 165.00 | 55.00 | .103 | 55.00 | 5.69 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 1 | 1 | 30.00 | 30.00 | .034 | 30.00 | 1.03 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 3 | 30 | 283.12 | 9.44 | 1.034 | 94.37 | 9.76 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 2 | 12CR | \$ 25,944.00 | \$ 2162.00CR | .414CR\$ | 12972.00 | \$ 894.62 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| | | |
|----------------------------|---|-------------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | PAGE 13,145 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | 01/29/04 |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49 | |

| | 10,993 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|------------------|--------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @TOTAL, ALL PROVIDERS | 9,481 | 51,544 | \$ | 6,898,128.28 | \$ 133.83 | 4.689 | \$ 727.57 | \$ 627.50 |
| @PHYSICIANS SERVICES | 4,542 | 16,476 | \$ | 1,262,190.36 | \$ 76.61 | 1.499 | \$ 277.89 | \$ 114.82 |
| OUTPATIENT VISITS | 2,068 | 7,069 | | 214,435.82 | 30.33 | .643 | 103.69 | 19.51 |
| OFFICE VISITS | 465 | 563 | | 34,753.86 | 61.73 | .051 | 74.74 | 3.16 |
| HOME VISITS | 1 | 2 | | 54.98 | 27.49 | .000 | 54.98 | .01 |
| EMERGENCY ROOM | 358 | 404 | | 25,151.23 | 62.26 | .037 | 70.25 | 2.29 |
| PREVENTIVE CARE | 1 | 1 | | 68.73 | 68.73 | .000 | 68.73 | .01 |
| OB VISITS/COMPRE PERI | 1,374 | 6,094 | | 154,178.22 | 25.30 | .554 | 112.21 | 14.03 |
| OTHER OUTPATIENT | 5 | 5 | | 228.80 | 45.76 | .000 | 45.76 | .02 |
| INPATIENT VISITS | 628 | 1,601 | | 89,403.25 | 55.84 | .146 | 142.36 | 8.13 |
| HOSPITAL VISITS | 606 | 1,334 | | 58,613.75 | 43.94 | .121 | 96.72 | 5.33 |
| CRITICAL CARE | 30 | 267 | | 30,789.50 | 115.32 | .024 | 1026.32 | 2.80 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 2 | 2 | | 69.16 | 34.58 | .000 | 34.58 | .01 |
| EXAMINATIONS | 2 | 2 | | 69.16 | 34.58 | .000 | 34.58 | .01 |
| SERVICES AND MATERIALS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 1,252 | 2,718 | | 753,540.43 | 277.24 | .247 | 601.87 | 68.55 |
| PRINCIPAL SURGEON | 835 | 862 | | 662,778.47 | 768.88 | .078 | 793.75 | 60.29 |
| ASSISTANT SURGEON | 139 | 139 | | 24,607.79 | 177.03 | .013 | 177.03 | 2.24 |
| ANESTHESIOLOGIST | 442 | 1,717 | | 66,154.17 | 38.53 | .156 | 149.67 | 6.02 |
| OUTPATIENT SURGERY | 398 | 866 | | 40,403.42 | 46.66 | .079 | 101.52 | 3.68 |
| PRINCIPAL SURGEON | 357 | 702 | | 34,517.53 | 49.17 | .064 | 96.69 | 3.14 |

| | | | | | | | |
|----------------------------|-------|-------|--------------|----------|------|----------|---------|
| ASSISTANT SURGEON | 2 | 2 | 247.30 | 123.65 | .000 | 123.65 | .02 |
| ANESTHESIOLOGIST | 65 | 162 | 5,638.59 | 34.81 | .015 | 86.75 | .51 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 1,171 | 1,918 | 27,401.32 | 14.29 | .174 | 23.40 | 2.49 |
| RADIOLOGY | 1,375 | 1,837 | 112,160.76 | 61.06 | .167 | 81.57 | 10.20 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 88 | 106 | 4,964.94 | 46.84 | .010 | 56.42 | .45 |
| OTHER SERVICES/ALL X-OVERS | 251 | 359 | 19,811.26 | 55.18 | .033 | 78.93 | 1.80 |
| @PHARMACY | 2,233 | 7,092 | \$ 93,440.82 | \$ 13.18 | .645 | \$ 41.85 | \$ 8.50 |
| PRESCRIPTION DRUGS | 2,155 | 3,540 | 68,793.30 | 19.43 | .322 | 31.92 | 6.26 |
| SNF/ICF | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 2,155 | 3,540 | 68,793.30 | 19.43 | .322 | 31.92 | 6.26 |
| MEDICAL SUPPLIES | 152 | 3,552 | 24,647.52 | 6.94 | .323 | 162.15 | 2.24 |
| @DENTIST | 21 | 64 | \$ 693.00 | \$ 10.83 | .006 | \$ 33.00 | \$.06 |
| VISITS - DIAGNOSTIC | 16 | 55 | 416.00 | 7.56 | .005 | 26.00 | .04 |
| ORAL SURGERY | 2 | 2 | 85.00 | 42.50 | .000 | 42.50 | .01 |

| | | | | | | | |
|---|---|---|--------|-------|------|--------|-----|
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PERIODONTICS | 2 | 2 | 75.00 | 37.50 | .000 | 37.50 | .01 |
| ENDODONTICS | 1 | 1 | .00 | .00 | .000 | .00 | .00 |
| RESTORATIVE DENTISTRY | 1 | 3 | 117.00 | 39.00 | .000 | 117.00 | .01 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 1 | 1 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV MOP024 | | | | | | | |
| MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | | | | | | | |
| FEE-FOR-SERVICE/DENTAL | | | | | | | |
| SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49 | | | | | | | |
| SANTA BARBARA COUN | | | | | | | |
| PAGE 13,146 | | | | | | | |
| 01/29/04 | | | | | | | |

| 10,993 ELIGIBLES | | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|------------------------------|-------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @OPTOMETRIST | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| EYE APPLIANCES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| MEDICINE/INJECTIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @HOME HEALTH AGENCY | 576 | 785 | \$ | 41,874.93 | \$ 53.34 | .071 | \$ 72.70 | \$ 3.81 |
| NURSE ANESTHESIST | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE MIDWIFE | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| @TOTAL HOSPITAL | 1,945 | 8,548 | \$ | 4,037,078.68 | \$ 472.28 | .778 | \$ 2075.62 | \$ 367.24 |
| HOSP INPATIENT TOTAL | 988 | 4,144 | | 3,951,386.18 | 953.52 | .377 | 3999.38 | 359.45 |
| HSC HOSPITALS | 20 | 124 | | 119,700.12 | 965.32 | .011 | 5985.01 | 10.89 |
| NON-HSC HOSPITAL TOTAL | 967 | 4,019 | | 3,830,846.06 | 953.18 | .366 | 3961.58 | 348.48 |
| ACCOMMODATIONS | 967 | 4,019 | | 1,301,833.66 | 323.92 | .366 | 1346.26 | 118.42 |
| ADMINISTRATIVE DAYS | 2 | 36 | | 8,326.80 | 231.30 | .003 | 4163.40 | .76 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 965 | 3,983 | | 1,293,506.86 | 324.76 | .362 | 1340.42 | 117.67 |
| ANCILLARIES | 966 | 0 | | 2,529,012.40 | .00 | .000 | 2618.03 | 230.06 |
| INPATIENT CROSSOVERS | 1 | 1 | | 840.00 | 840.00 | .000 | 840.00 | .08 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 1,123 | 4,404 | | 85,692.50 | 19.46 | .401 | 76.31 | 7.80 |
| MEDICAL | 75 | 82 | | 2,346.75 | 28.62 | .007 | 31.29 | .21 |
| SURGERY | 65 | 71 | | 3,069.83 | 43.24 | .006 | 47.23 | .28 |
| PATHOLOGY | 717 | 2,455 | | 22,439.37 | 9.14 | .223 | 31.30 | 2.04 |
| RADIOLOGY | 204 | 241 | | 14,540.68 | 60.33 | .022 | 71.28 | 1.32 |
| ROOM USE | 635 | 808 | | 33,895.06 | 41.95 | .074 | 53.38 | 3.08 |
| CROSSOVERS/ALL OTH OUTPTNT | 387 | 747 | | 9,400.81 | 12.58 | .068 | 24.29 | .86 |
| @COUNTY HOSPITAL TOTAL | 7 | 35 | \$ | 3,907.93 | \$ 111.66 | .003 | \$ 558.28 | \$.36 |
| CO HOSPITAL INPATIENT TOTAL | 1 | 3 | | 3,300.02 | 1100.01 | .000 | 3300.02 | .30 |
| HSC HOSPITALS | 1 | 3 | | 3,300.02 | 1100.01 | .000 | 3300.02 | .30 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|------------------------------|---|-------------------------------------|-----------------|------------------------------|------------------------|------------------|----------------------|
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 6 | 32 | 607.91 | 19.00 | .003 | 101.32 | .06 |
| MEDICAL | 1 | 1 | 14.46 | 14.46 | .000 | 14.46 | .00 |
| SURGERY | 1 | 2 | 36.11 | 18.06 | .000 | 36.11 | .00 |
| PATHOLOGY | 4 | 18 | 255.84 | 14.21 | .002 | 63.96 | .02 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 3 | 5 | 165.89 | 33.18 | .000 | 55.30 | .02 |
| CROSSOVERS/ALL OTH OUTPTNT | 3 | 6 | 135.61 | 22.60 | .001 | 45.20 | .01 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | | | | | | PAGE 13,147 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | 01/29/04 |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49 | | | | | | |
| 10,993 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 1,938 | 8,513 | \$ 4,033,170.75 | \$ 473.77 | .774 | \$ 2081.10 | \$ 366.89 |
| COMM HOSP INPATIENT TOTAL | 987 | 4,141 | 3,948,086.16 | 953.41 | .377 | 4000.09 | 359.15 |
| HSC HOSPITALS | 19 | 121 | 116,400.10 | 961.98 | .011 | 6126.32 | 10.59 |
| NON-HSC HOSPITALS TOTAL | 967 | 4,019 | 3,830,846.06 | 953.18 | .366 | 3961.58 | 348.48 |
| ACCOMMODATIONS | 967 | 4,019 | 1,301,833.66 | 323.92 | .366 | 1346.26 | 118.42 |
| ADMINISTRATIVE DAYS | 2 | 36 | 8,326.80 | 231.30 | .003 | 4163.40 | .76 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 965 | 3,983 | 1,293,506.86 | 324.76 | .362 | 1340.42 | 117.67 |
| ANCILLARIES | 966 | 0 | 2,529,012.40 | .00 | .000 | 2618.03 | 230.06 |
| INPATIENT CROSSOVERS | 1 | 1 | 840.00 | 840.00 | .000 | 840.00 | .08 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 1,117 | 4,372 | 85,084.59 | 19.46 | .398 | 76.17 | 7.74 |
| MEDICAL | 74 | 81 | 2,332.29 | 28.79 | .007 | 31.52 | .21 |
| SURGERY | 64 | 69 | 3,033.72 | 43.97 | .006 | 47.40 | .28 |
| PATHOLOGY | 713 | 2,437 | 22,183.53 | 9.10 | .222 | 31.11 | 2.02 |
| RADIOLOGY | 204 | 241 | 14,540.68 | 60.33 | .022 | 71.28 | 1.32 |
| ROOM USE | 632 | 803 | 33,729.17 | 42.00 | .073 | 53.37 | 3.07 |
| CROSSOVERS/ALL OTH OUTPTNT | 384 | 741 | 9,265.20 | 12.50 | .067 | 24.13 | .84 |
| @STATE HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INDEPENDENT FACILITY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 3,037 | 9,435 | \$ 167,883.64 | \$ 17.79 | .858 | \$ 55.28 | \$ 15.27 |
| PATHOLOGY | 3,033 | 9,427 | 167,505.54 | 17.77 | .858 | 55.23 | 15.24 |
| XO AND OTHERS | 8 | 8 | 378.10 | 47.26 | .001 | 47.26 | .03 |
| @ORGANIZED OUTPATIENT CLINIC | 2,939 | 7,639 | \$ 1,216,035.16 | \$ 159.19 | .695 | \$ 413.76 | \$ 110.62 |
| CLINIC | 406 | 1,636 | 70,352.28 | 43.00 | .149 | 173.28 | 6.40 |

| | | | | | | | |
|---------------------|-------|-------|--------------|--------|------|--------|--------|
| SURGICENTER | 7 | 20 | 925.40 | 46.27 | .002 | 132.20 | .08 |
| HEROIN DETOX CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 2,531 | 5,983 | 1,144,757.48 | 191.34 | .544 | 452.29 | 104.14 |

#CALIF DEPT OF HEALTH SERV MOP024
 SANTA BARBARA COUN

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

PAGE 13,148
 01/29/04

| 10,993 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|-------------------------------|-------|-------------------------------------|---------------|------------------------------|------------------------|------------------|----------------------|
| @ALL OTHER PROVIDERS | 759 | 1,505 | \$ 78,931.69 | \$ 52.45 | .137 | \$ 103.99 | \$ 7.18 |
| DURABLE MED. EQUIP. | 28 | 177 | 1,478.23 | 8.35 | .016 | 52.79 | .13 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 34 | 593 | 4,374.57 | 7.38 | .054 | 128.66 | .40 |
| AMBULANCES/AIR TRANS | 34 | 593 | 4,374.57 | 7.38 | .054 | 128.66 | .40 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 673 | 674 | 69,946.00 | 103.78 | .061 | 103.93 | 6.36 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 35 | 53 | 2,892.89 | 54.58 | .005 | 82.65 | .26 |
| PROSTHETICS | 17 | 31 | 1,079.44 | 34.82 | .003 | 63.50 | .10 |
| ORTHOTICS | 20 | 22 | 1,813.45 | 82.43 | .002 | 90.67 | .16 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 7 | 8 | 240.00 | 30.00 | .001 | 34.29 | .02 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 6 | 1,144 | \$ 142,863.65 | \$ 124.88 | .104 | \$ 23810.61 | \$ 13.00 |
| @XOVER EXCLUDING STATE HOSP** | 6 | 9 | 930.80 | \$ 103.42 | .001 | \$ 155.13 | \$.08 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024
 SANTA BARBARA COUN

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76

PAGE 13,149
 01/29/04

| 245 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|-----------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @TOTAL, ALL PROVIDERS | 131 | 362 | \$ 29,871.48 | \$ 82.52 | 1.478 | \$ 228.03 | \$ 121.92 |
| @PHYSICIANS SERVICES | 35 | 92 | \$ 4,437.14 | \$ 48.23 | .376 | \$ 126.78 | \$ 18.11 |
| OUTPATIENT VISITS | 16 | 22 | 841.51 | 38.25 | .090 | 52.59 | 3.43 |
| OFFICE VISITS | 7 | 7 | 214.13 | 30.59 | .029 | 30.59 | .87 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 5 | 7 | 470.68 | 67.24 | .029 | 94.14 | 1.92 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRI PERI | 3 | 7 | 110.94 | 15.85 | .029 | 36.98 | .45 |
| OTHER OUTPATIENT | 1 | 1 | 45.76 | 45.76 | .004 | 45.76 | .19 |
| INPATIENT VISITS | 3 | 5 | 243.31 | 48.66 | .020 | 81.10 | .99 |
| HOSPITAL VISITS | 3 | 5 | 243.31 | 48.66 | .020 | 81.10 | .99 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | |
|------------------------------|---|-------------------------------------|----|--------------|------------------------------|-----------------------------|------------------|----------------------|
| SNF/ICF/TRANS IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 1 | 1 | | 39.86 | 39.86 | .004 | 39.86 | .16 |
| EXAMINATIONS | 1 | 1 | | 39.86 | 39.86 | .004 | 39.86 | .16 |
| SERVICES AND MATERIALS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 4 | 20 | | 1,408.10 | 70.41 | .082 | 352.03 | 5.75 |
| PRINCIPAL SURGEON | 2 | 2 | | 928.12 | 464.06 | .008 | 464.06 | 3.79 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 2 | 18 | | 479.98 | 26.67 | .073 | 239.99 | 1.96 |
| OUTPATIENT SURGERY | 3 | 6 | | 409.34 | 68.22 | .024 | 136.45 | 1.67 |
| PRINCIPAL SURGEON | 3 | 5 | | 379.48 | 75.90 | .020 | 126.49 | 1.55 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 1 | 1 | | 29.86 | 29.86 | .004 | 29.86 | .12 |
| DIALYSIS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 13 | 17 | | 351.27 | 20.66 | .069 | 27.02 | 1.43 |
| RADIOLOGY | 4 | 8 | | 245.98 | 30.75 | .033 | 61.50 | 1.00 |
| PSYCHIATRY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 4 | 5 | | 192.02 | 38.40 | .020 | 48.01 | .78 |
| OTHER SERVICES/ALL X-OVERS | 4 | 8 | | 705.75 | 88.22 | .033 | 176.44 | 2.88 |
| @PHARMACY | 19 | 31 | \$ | 1,152.47 | \$ 37.18 | .127 | \$ 60.66 | \$ 4.70 |
| PRESCRIPTION DRUGS | 18 | 26 | | 773.95 | 29.77 | .106 | 43.00 | 3.16 |
| SNF/ICF | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 18 | 26 | | 773.95 | 29.77 | .106 | 43.00 | 3.16 |
| MEDICAL SUPPLIES | 2 | 5 | | 378.52 | 75.70 | .020 | 189.26 | 1.54 |
| @DENTIST | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS - DIAGNOSTIC | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ORAL SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| DRUGS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PERIODONTICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ENDODONTICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RESTORATIVE DENTISTRY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | | | | | | | PAGE 13,150 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | 01/29/04 |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM | | | | | | | |
| | | | | | AID CODE 76 | | | |
| | | | | | | ----- MONTHLY AVERAGE ----- | | |
| 245 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @OPTOMETRIST | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| EYE APPLIANCES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| MEDICINE/INJECTIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE ANESTHESIST | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE MIDWIFE | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |

| | | | | | | | | | | | |
|---------------------------|----|----|----|-----------|----|---------|------|----|---------|----|-------|
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| @TOTAL HOSPITAL | 15 | 51 | \$ | 13,442.84 | \$ | 263.59 | .208 | \$ | 896.19 | \$ | 54.87 |
| HOSP INPATIENT TOTAL | 3 | 6 | | 12,617.55 | | 2102.93 | .024 | | 4205.85 | | 51.50 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITAL TOTAL | 3 | 6 | | 12,617.55 | | 2102.93 | .024 | | 4205.85 | | 51.50 |
| ACCOMMODATIONS | 3 | 6 | | 1,492.60 | | 248.77 | .024 | | 497.53 | | 6.09 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 3 | 6 | | 1,492.60 | | 248.77 | .024 | | 497.53 | | 6.09 |
| ANCILLARIES | 3 | 0 | | 11,124.95 | | .00 | .000 | | 3708.32 | | 45.41 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HOSP OUTPATIENT TOTAL | 12 | 45 | | 825.29 | | 18.34 | .184 | | 68.77 | | 3.37 |
| MEDICAL | 1 | 1 | | 9.84 | | 9.84 | .004 | | 9.84 | | .04 |
| SURGERY | 1 | 1 | | 53.73 | | 53.73 | .004 | | 53.73 | | .22 |
| PATHOLOGY | 8 | 22 | | 175.32 | | 7.97 | .090 | | 21.92 | | .72 |

| | | | | | | | |
|-----------------------------|---|---|--------|--------|------|--------|--------|
| RADIOLOGY | 4 | 4 | 180.49 | 45.12 | .016 | 45.12 | .74 |
| ROOM USE | 8 | 9 | 284.29 | 31.59 | .037 | 35.54 | 1.16 |
| CROSSOVERS/ALL OTH OUTPTNT | 3 | 8 | 121.62 | 15.20 | .033 | 40.54 | .50 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,151
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76

| 245 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | | |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 15 | 51 | \$ 13,442.84 | \$ 263.59 | .208 | \$ 896.19 | \$ 54.87 |
| COMM HOSP INPATIENT TOTAL | 3 | 6 | 12,617.55 | 2102.93 | .024 | 4205.85 | 51.50 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 3 | 6 | 12,617.55 | 2102.93 | .024 | 4205.85 | 51.50 |
| ACCOMMODATIONS | 3 | 6 | 1,492.60 | 248.77 | .024 | 497.53 | 6.09 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 3 | 6 | 1,492.60 | 248.77 | .024 | 497.53 | 6.09 |
| ANCILLARIES | 3 | 0 | 11,124.95 | .00 | .000 | 3708.32 | 45.41 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 12 | 45 | 825.29 | 18.34 | .184 | 68.77 | 3.37 |
| MEDICAL | 1 | 1 | 9.84 | 9.84 | .004 | 9.84 | .04 |
| SURGERY | 1 | 1 | 53.73 | 53.73 | .004 | 53.73 | .22 |
| PATHOLOGY | 8 | 22 | 175.32 | 7.97 | .090 | 21.92 | .72 |
| RADIOLOGY | 4 | 4 | 180.49 | 45.12 | .016 | 45.12 | .74 |
| ROOM USE | 8 | 9 | 284.29 | 31.59 | .037 | 35.54 | 1.16 |
| CROSSOVERS/ALL OTH OUTPTNT | 3 | 8 | 121.62 | 15.20 | .033 | 40.54 | .50 |
| @STATE HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |

| | | | | | | | | |
|------------------------------|---|-----|-------------|----------|------|-----------|----------|-------------|
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| HEMODIALYSIS CENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| @REHABILITATION FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 | |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| INDEPENDENT FACILITY | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| @LABORATORY FACILITY | 28 | 45 | \$ 1,109.70 | \$ 24.66 | .184 | \$ 39.63 | \$ 4.53 | |
| PATHOLOGY | 28 | 45 | 1,109.70 | 24.66 | .184 | 39.63 | 4.53 | |
| XO AND OTHERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| @ORGANIZED OUTPATIENT CLINIC | 52 | 100 | \$ 9,051.36 | \$ 90.51 | .408 | \$ 174.06 | \$ 36.94 | |
| CLINIC | 26 | 70 | 2,909.94 | 41.57 | .286 | 111.92 | 11.88 | |
| SURGICENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| HEROIN DETOX CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| RURAL HEALTH CLINIC | 26 | 30 | 6,141.42 | 204.71 | .122 | 236.21 | 25.07 | |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | | | | | | | PAGE 13,152 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | 01/29/04 |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM | | | | | | | AID CODE 76 |

| 245 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|-------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @ALL OTHER PROVIDERS | 8 | 43 | \$ 677.97 | \$ 15.77 | .176 | \$ 84.75 | \$ 2.77 |
| DURABLE MED. EQUIP. | 1 | 17 | 49.59 | 2.92 | .069 | 49.59 | .20 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 6 | 23 | 570.11 | 24.79 | .094 | 95.02 | 2.33 |
| AMBULANCES/AIR TRANS | 6 | 23 | 570.11 | 24.79 | .094 | 95.02 | 2.33 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 1 | 3 | 58.27 | 19.42 | .012 | 58.27 | .24 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| | | |
|----------------------------|---|-------------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | PAGE 13,153 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | 01/29/04 |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76 | |

| 11,267 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|-----------------------|--------|-------------------------------------|-----------------|------------------------------|------------------------|------------------|----------------------|
| @TOTAL, ALL PROVIDERS | 10,059 | 52,577 | \$ 7,055,018.82 | \$ 134.18 | 4.666 | \$ 701.36 | \$ 626.17 |
| @PHYSICIANS SERVICES | 4,583 | 16,582 | \$ 1,267,022.78 | \$ 76.41 | 1.472 | \$ 276.46 | \$ 112.45 |

| | | | | | | | |
|----------------------------|-------|-------|--------------|----------|------|----------|---------|
| OUTPATIENT VISITS | 2,090 | 7,103 | 215,654.17 | 30.36 | .630 | 103.18 | 19.14 |
| OFFICE VISITS | 477 | 578 | 35,213.66 | 60.92 | .051 | 73.82 | 3.13 |
| HOME VISITS | 1 | 2 | 54.98 | 27.49 | .000 | 54.98 | .00 |
| EMERGENCY ROOM | 364 | 412 | 25,690.26 | 62.36 | .037 | 70.58 | 2.28 |
| PREVENTIVE CARE | 1 | 1 | 68.73 | 68.73 | .000 | 68.73 | .01 |
| OB VISITS/COMPRE PERI | 1,377 | 6,101 | 154,289.16 | 25.29 | .541 | 112.05 | 13.69 |
| OTHER OUTPATIENT | 8 | 9 | 337.38 | 37.49 | .001 | 42.17 | .03 |
| INPATIENT VISITS | 631 | 1,606 | 89,646.56 | 55.82 | .143 | 142.07 | 7.96 |
| HOSPITAL VISITS | 609 | 1,339 | 58,857.06 | 43.96 | .119 | 96.65 | 5.22 |
| CRITICAL CARE | 30 | 267 | 30,789.50 | 115.32 | .024 | 1026.32 | 2.73 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 3 | 3 | 109.02 | 36.34 | .000 | 36.34 | .01 |
| EXAMINATIONS | 3 | 3 | 109.02 | 36.34 | .000 | 36.34 | .01 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 1,256 | 2,738 | 754,948.53 | 275.73 | .243 | 601.07 | 67.01 |
| PRINCIPAL SURGEON | 837 | 864 | 663,706.59 | 768.18 | .077 | 792.96 | 58.91 |
| ASSISTANT SURGEON | 139 | 139 | 24,607.79 | 177.03 | .012 | 177.03 | 2.18 |
| ANESTHESIOLOGIST | 444 | 1,735 | 66,634.15 | 38.41 | .154 | 150.08 | 5.91 |
| OUTPATIENT SURGERY | 401 | 872 | 40,812.76 | 46.80 | .077 | 101.78 | 3.62 |
| PRINCIPAL SURGEON | 360 | 707 | 34,897.01 | 49.36 | .063 | 96.94 | 3.10 |
| ASSISTANT SURGEON | 2 | 2 | 247.30 | 123.65 | .000 | 123.65 | .02 |
| ANESTHESIOLOGIST | 66 | 163 | 5,668.45 | 34.78 | .014 | 85.89 | .50 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 1,186 | 1,937 | 27,771.03 | 14.34 | .172 | 23.42 | 2.46 |
| RADIOLOGY | 1,379 | 1,845 | 112,406.74 | 60.93 | .164 | 81.51 | 9.98 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 92 | 111 | 5,156.96 | 46.46 | .010 | 56.05 | .46 |
| OTHER SERVICES/ALL X-OVERS | 255 | 367 | 20,517.01 | 55.90 | .033 | 80.46 | 1.82 |
| @PHARMACY | 2,258 | 7,138 | \$ 94,751.72 | \$ 13.27 | .634 | \$ 41.96 | \$ 8.41 |
| PRESCRIPTION DRUGS | 2,179 | 3,581 | 69,725.68 | 19.47 | .318 | 32.00 | 6.19 |
| SNF/ICF | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 2,179 | 3,581 | 69,725.68 | 19.47 | .318 | 32.00 | 6.19 |
| MEDICAL SUPPLIES | 154 | 3,557 | 25,026.04 | 7.04 | .316 | 162.51 | 2.22 |
| @DENTIST | 28 | 74 | \$ 917.00 | \$ 12.39 | .007 | \$ 32.75 | \$.08 |
| VISITS - DIAGNOSTIC | 22 | 64 | 590.00 | 9.22 | .006 | 26.82 | .05 |
| ORAL SURGERY | 2 | 2 | 85.00 | 42.50 | .000 | 42.50 | .01 |
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PERIODONTICS | 2 | 2 | 75.00 | 37.50 | .000 | 37.50 | .01 |
| ENDODONTICS | 1 | 1 | .00 | .00 | .000 | .00 | .00 |
| RESTORATIVE DENTISTRY | 1 | 3 | 117.00 | 39.00 | .000 | 117.00 | .01 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 1 | 1 | 50.00 | 50.00 | .000 | 50.00 | .00 |
| ALL OTHER SERVICES | 1 | 1 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

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| | 11,267 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @OPTOMETRIST | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| EYE APPLIANCES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | |
|------------------------------|-------|-------|----|--------------|-----|---------|-----|---------|
| OTHER SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 0 | 0 | \$ | .00 | \$ | .00 | \$ | .00 |
| MEDICINE/INJECTIONS | 0 | 0 | | .00 | | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | | .00 | | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | | .00 | | .000 | .00 | .00 |
| OTHER | 0 | 0 | | .00 | | .000 | .00 | .00 |
| @HOME HEALTH AGENCY | 576 | 785 | \$ | 41,874.93 | \$ | 53.34 | \$ | 72.70 |
| NURSE ANESTHESIST | 0 | 0 | \$ | .00 | \$ | .00 | \$ | .00 |
| NURSE MIDWIFE | 0 | 0 | \$ | .00 | \$ | .00 | \$ | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | \$ | .00 |
| @TOTAL HOSPITAL | 1,965 | 8,603 | \$ | 4,076,543.24 | \$ | 473.85 | \$ | 2074.58 |
| HOSP INPATIENT TOTAL | 992 | 4,150 | | 3,989,897.73 | | 961.42 | | 4022.07 |
| HSC HOSPITALS | 21 | 124 | | 145,594.12 | | 1174.15 | | 6933.05 |
| NON-HSC HOSPITAL TOTAL | 970 | 4,025 | | 3,843,463.61 | | 954.90 | | 3962.33 |
| ACCOMMODATIONS | 970 | 4,025 | | 1,303,326.26 | | 323.81 | | 1343.64 |
| ADMINISTRATIVE DAYS | 2 | 36 | | 8,326.80 | | 231.30 | | 4163.40 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | | .00 |
| ALL OTHER ACCOM | 968 | 3,989 | | 1,294,999.46 | | 324.64 | | 1337.81 |
| ANCILLARIES | 969 | 0 | | 2,540,137.35 | | .00 | | 2621.40 |
| INPATIENT CROSSOVERS | 1 | 1 | | 840.00 | | 840.00 | | 840.00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | | .00 |
| HOSP OUTPATIENT TOTAL | 1,139 | 4,453 | | 86,645.51 | | 19.46 | | 76.07 |
| MEDICAL | 76 | 83 | | 2,356.59 | | 28.39 | | 31.01 |
| SURGERY | 66 | 72 | | 3,123.56 | | 43.38 | | 47.33 |
| PATHOLOGY | 725 | 2,477 | | 22,614.69 | | 9.13 | | 31.19 |
| RADIOLOGY | 208 | 245 | | 14,721.17 | | 60.09 | | 70.77 |
| ROOM USE | 647 | 821 | | 34,307.07 | | 41.79 | | 53.02 |
| CROSSOVERS/ALL OTH OUTPTNT | 390 | 755 | | 9,522.43 | | 12.61 | | 24.42 |
| @COUNTY HOSPITAL TOTAL | 7 | 35 | \$ | 3,907.93 | \$ | 111.66 | \$ | 558.28 |
| CO HOSPITAL INPATIENT TOTAL | 1 | 3 | | 3,300.02 | | 1100.01 | | 3300.02 |
| HSC HOSPITALS | 1 | 3 | | 3,300.02 | | 1100.01 | | 3300.02 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | | .00 |
| CO HOSP OUTPATIENT TOTAL | 6 | 32 | | 607.91 | | 19.00 | | 101.32 |
| MEDICAL | 1 | 1 | | 14.46 | | 14.46 | | 14.46 |
| SURGERY | 1 | 2 | | 36.11 | | 18.06 | | 36.11 |
| PATHOLOGY | 4 | 18 | | 255.84 | | 14.21 | | 63.96 |
| RADIOLOGY | 0 | 0 | | .00 | | .00 | | .00 |
| ROOM USE | 3 | 5 | | 165.89 | | 33.18 | | 55.30 |
| CROSSOVERS/ALL OTH OUTPTNT | 3 | 6 | | 135.61 | | 22.60 | | 45.20 |

#CALIF DEPT OF HEALTH SERV MOP024
 SANTA BARBARA COUN

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

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| | 11,267 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|---------------------------|------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @COMMUNITY HOSPITAL TOTAL | 1,958 | 8,568 | \$ | 4,072,635.31 | \$ | 475.33 | \$ | 2080.00 |
| COMM HOSP INPATIENT TOTAL | 991 | 4,147 | | 3,986,597.71 | | 961.32 | | 4022.80 |
| HSC HOSPITALS | 20 | 121 | | 142,294.10 | | 1175.98 | | 7114.71 |
| NON-HSC HOSPITALS TOTAL | 970 | 4,025 | | 3,843,463.61 | | 954.90 | | 3962.33 |
| ACCOMMODATIONS | 970 | 4,025 | | 1,303,326.26 | | 323.81 | | 1343.64 |
| ADMINISTRATIVE DAYS | 2 | 36 | | 8,326.80 | | 231.30 | | 4163.40 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | | .00 |

| | | | | | | | |
|----------------------------|-------|-------|--------------|--------|------|---------|--------|
| ALL OTHER ACCOM | 968 | 3,989 | 1,294,999.46 | 324.64 | .354 | 1337.81 | 114.94 |
| ANCILLARIES | 969 | 0 | 2,540,137.35 | .00 | .000 | 2621.40 | 225.45 |
| INPATIENT CROSSOVERS | 1 | 1 | 840.00 | 840.00 | .000 | 840.00 | .07 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 1,133 | 4,421 | 86,037.60 | 19.46 | .392 | 75.94 | 7.64 |
| MEDICAL | 75 | 82 | 2,342.13 | 28.56 | .007 | 31.23 | .21 |
| SURGERY | 65 | 70 | 3,087.45 | 44.11 | .006 | 47.50 | .27 |
| PATHOLOGY | 721 | 2,459 | 22,358.85 | 9.09 | .218 | 31.01 | 1.98 |
| RADIOLOGY | 208 | 245 | 14,721.17 | 60.09 | .022 | 70.77 | 1.31 |
| ROOM USE | 644 | 816 | 34,141.18 | 41.84 | .072 | 53.01 | 3.03 |
| CROSSOVERS/ALL OTH OUTPTNT | 387 | 749 | 9,386.82 | 12.53 | .066 | 24.26 | .83 |
| @STATE HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|------------------------------|---|-------|-----------------|-----------|------|-----------|-----------|
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INDEPENDENT FACILITY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 3,065 | 9,480 | \$ 168,993.34 | \$ 17.83 | .841 | \$ 55.14 | \$ 15.00 |
| PATHOLOGY | 3,061 | 9,472 | 168,615.24 | 17.80 | .841 | 55.09 | 14.97 |
| XO AND OTHERS | 8 | 8 | 378.10 | 47.26 | .001 | 47.26 | .03 |
| @ORGANIZED OUTPATIENT CLINIC | 3,415 | 8,333 | \$ 1,324,828.03 | \$ 158.99 | .740 | \$ 387.94 | \$ 117.58 |
| CLINIC | 434 | 1,708 | 73,280.22 | 42.90 | .152 | 168.85 | 6.50 |
| SURGICENTER | 7 | 20 | 925.40 | 46.27 | .002 | 132.20 | .08 |
| HEROIN DETOX CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 2,979 | 6,605 | 1,250,622.41 | 189.34 | .586 | 419.81 | 111.00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | | | | | | |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76 | | | | | | |

| | 11,267 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|-------------------------------|------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @ALL OTHER PROVIDERS | 774 | 1,582 | \$ | 80,087.78 | \$ 50.62 | .140 | \$ 103.47 | \$ 7.11 |
| DURABLE MED. EQUIP. | 29 | 194 | | 1,527.82 | 7.88 | .017 | 52.68 | .14 |
| BLOOD BANK | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 40 | 616 | | 4,944.68 | 8.03 | .055 | 123.62 | .44 |
| AMBULANCES/AIR TRANS | 40 | 616 | | 4,944.68 | 8.03 | .055 | 123.62 | .44 |
| OTHER TRANS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 676 | 677 | | 70,111.00 | 103.56 | .060 | 103.71 | 6.22 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 1 | 3 | | 58.27 | 19.42 | .000 | 58.27 | .01 |
| PHYSICAL THERAPIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 35 | 53 | | 2,892.89 | 54.58 | .005 | 82.65 | .26 |
| PROSTHETICS | 17 | 31 | | 1,079.44 | 34.82 | .003 | 63.50 | .10 |
| ORTHOTICS | 20 | 22 | | 1,813.45 | 82.43 | .002 | 90.67 | .16 |
| PSYCHOLOGIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 8 | 9 | | 270.00 | 30.00 | .001 | 33.75 | .02 |
| HOSPICE SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 3 | 30 | | 283.12 | 9.44 | .003 | 94.37 | .03 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 8 | 1,132 | \$ | 168,807.65 | \$ 149.12 | .100 | \$ 21100.96 | \$ 14.98 |
| @XOVER EXCLUDING STATE HOSP** | 6 | 9 | \$ | 930.80 | \$ 103.42 | .001 | \$ 155.13 | \$.08 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
MOP024 FEE-FOR-SERVICE/DENTAL
SANTA BARBARA COUN SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

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| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|-------|-------------------------------------|---------------|------------------------------|------------------------|------------------|----------------------|
| @TOTAL, ALL PROVIDERS | 360 | 2,077 | \$ 130,240.03 | \$ 62.71 | .000 | \$ 361.78 | \$.00 |
| @PHYSICIANS SERVICES | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| OUTPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OFFICE VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PHARMACY | 6 | 277 | \$ 1,700.99 | \$ 6.14 | .000 | \$ 283.50 | \$.00 |
| PRESCRIPTION DRUGS | 5 | 9 | 1,448.98 | 161.00 | .000 | 289.80 | .00 |
| SNF/ICF | 1 | 1 | 194.10 | 194.10 | .000 | 194.10 | .00 |
| OUTPATIENTS | 4 | 8 | 1,254.88 | 156.86 | .000 | 313.72 | .00 |
| MEDICAL SUPPLIES | 1 | 268 | 252.01 | .94 | .000 | 252.01 | .00 |
| @DENTIST | 66 | 256 | \$ 14,818.00 | \$ 57.88 | .000 | \$ 224.52 | \$.00 |
| VISITS - DIAGNOSTIC | 41 | 149 | 2,058.00 | 13.81 | .000 | 50.20 | .00 |
| ORAL SURGERY | 9 | 17 | 796.00 | 46.82 | .000 | 88.44 | .00 |
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 1 | 1 | 100.00 | 100.00 | .000 | 100.00 | .00 |
| PERIODONTICS | 4 | 5 | 618.00 | 123.60 | .000 | 154.50 | .00 |
| ENDODONTICS | 3 | 5 | 1,276.00 | 255.20 | .000 | 425.33 | .00 |
| RESTORATIVE DENTISTRY | 20 | 57 | 4,990.00 | 87.54 | .000 | 249.50 | .00 |
| PROSTHETICS | 1 | 1 | 30.00 | 30.00 | .000 | 30.00 | .00 |
| DENTURES, STAYPLATES | 10 | 20 | 4,950.00 | 247.50 | .000 | 495.00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 2 | 1 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
MOP024 FEE-FOR-SERVICE/DENTAL

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| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | MONTHLY AVERAGE | | |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER |
| @OPTOMETRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | .00 | .00 | .000 | .00 |
| EYE APPLIANCES | 0 | 0 | .00 | .00 | .000 | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 |
| @PODIATRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 |
| OTHER | 0 | 0 | .00 | .00 | .000 | .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 |
| NURSE ANESTHESIST | 0 | 0 | .00 | .00 | .000 | .00 |
| NURSE MIDWIFE | 0 | 0 | .00 | .00 | .000 | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | .00 | .00 | .000 | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | .00 | .00 | .000 | .00 |
| @TOTAL HOSPITAL | 0 | 9CR | \$ 840.00CR | \$ 93.33 | .000 | \$.00 |
| HOSP INPATIENT TOTAL | 0 | 9CR | 840.00CR | 93.33 | .000 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | .00 | .00 | .000 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 |
| INPATIENT CROSSOVERS | 0 | 9CR | 840.00CR | 93.33 | .000 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 |
| HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 |

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE | | COST PER USER | COST PER ELIGIBLE |
|------------------------------|---|-------------------------------------|--------------|------------------------------|------------------------|--|------------------|----------------------|
| | | | | | UNITS/DAYS PER ELIG | | | |
| @COMMUNITY HOSPITAL TOTAL | 0 | 9CR | \$ 840.00CR | \$ 93.33 | .000 | | \$.00 | \$.00 |
| COMM HOSP INPATIENT TOTAL | 0 | 9CR | 840.00CR | 93.33 | .000 | | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 9CR | 840.00CR | 93.33 | .000 | | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| @STATE HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| @NURSING FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | | \$.00 | \$.00 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$.00 | \$.00 | .000 | | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ICF DD | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| INDEPENDENT FACILITY | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| @LABORATORY FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | | \$.00 | \$.00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| XO AND OTHERS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 137 | 176 | \$ 32,297.49 | \$ 183.51 | .000 | | \$ 235.75 | \$.00 |
| CLINIC | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| SURGICENTER | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| RURAL HEALTH CLINIC | 137 | 176 | 32,297.49 | 183.51 | .000 | | 235.75 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | | | | | | | PAGE 13,160 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | 01/29/04 |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED | | | | | | | |
| | | | | AID CODE 16 | | | | |
| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE | | COST PER USER | COST PER ELIGIBLE |
| | | | | | UNITS/DAYS PER ELIG | | | |
| @ALL OTHER PROVIDERS | 181 | 1,377 | \$ 82,263.55 | \$ 59.74 | .000 | | \$ 454.49 | \$.00 |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |

| | | | | | | | |
|----------------------------|-----|-----|-----------|-------|------|---------|-----|
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 24 | 384 | 26,491.86 | 68.99 | .000 | 1103.83 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 161 | 993 | 55,771.69 | 56.16 | .000 | 346.41 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | |
|-------------------------------|---|---|----|--------|-------|------|-----|-----|
| HOSPICE SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$ | .00 | \$ | .000 | \$ | .00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$ | 840.00 | CR \$ | .00 | \$ | .00 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| | | |
|----------------------------|---|-----------------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | PAGE 13,161 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | 01/29/04 |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND | AID CODES 26 6A |

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @TOTAL, ALL PROVIDERS | 15 | 48 | \$ 4,127.27 | \$ 85.98 | .000 | \$ 275.15 | \$.00 |
| @PHYSICIANS SERVICES | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| OUTPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OFFICE VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PHARMACY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| PRESCRIPTION DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL SUPPLIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @DENTIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS - DIAGNOSTIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PERIODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ENDODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|---|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| RESTORATIVE DENTISTRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | | | | | | | |
| MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | | | | | | | |
| FEE-FOR-SERVICE/DENTAL | | | | | | | |
| SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A | | | | | | | |
| PAGE 13,162 | | | | | | | |
| 01/29/04 | | | | | | | |
| MOP024 | | | | | | | |
| SANTA BARBARA COUN | | | | | | | |
| @OPTOMETRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EYE APPLIANCES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE ANESTHESIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE MIDWIFE | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @TOTAL HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|------------------------------|---|-------------------------------------|--------------|------------------------------|-----------------------------|------------------|----------------------|
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | | | | | | PAGE 13,163 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | 01/29/04 |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A | | | | | | |
| | | | | | ----- MONTHLY AVERAGE ----- | | |
| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| COMM HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @STATE HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INDEPENDENT FACILITY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| XO AND OTHERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 3 | 3 | \$ 553.32 | \$ 184.44 | .000 | \$ 184.44 | \$.00 |
| CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGICENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 3 | 3 | 553.32 | 184.44 | .000 | 184.44 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | | | | | | PAGE 13,164 |

MOP024
SANTA BARBARA COUN

FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND

AID CODES 26 6A

01/29/04

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|-------------------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @ALL OTHER PROVIDERS | 12 | 45 | \$ 3,573.95 | \$ 79.42 | .000 | \$ 297.83 | \$.00 |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 12 | 45 | 3,573.95 | 79.42 | .000 | 297.83 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | .00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
MOP024 FEE-FOR-SERVICE/DENTAL
SANTA BARBARA COUN SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

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01/29/04

| 06 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|---------------------------|-------|-------------------------------------|---------------|------------------------------|---|------------------|----------------------|
| @TOTAL, ALL PROVIDERS | 736 | 2,240 | \$ 185,083.90 | \$ 82.63 | 373.333 | \$ 251.47 | \$ 30847.32 |
| @PHYSICIANS SERVICES | 1 | 2 | \$ 6.22 | \$ 3.11 | .333 | \$ 6.22 | \$ 1.04 |
| OUTPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OFFICE VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | |
|----------------------------|----|-----|----|-----------|----------|--------|-----------|------------|
| INPATIENT HOSPITAL SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PSYCHIATRY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 1 | 2 | | 6.22 | 3.11 | .333 | 6.22 | 1.04 |
| @PHARMACY | 59 | 218 | \$ | 16,829.31 | \$ 77.20 | 36.333 | \$ 285.24 | \$ 2804.89 |
| PRESCRIPTION DRUGS | 55 | 92 | | 16,786.43 | 182.46 | 15.333 | 305.21 | 2797.74 |

| | | | | | | | |
|-------------------------|-----|-------|--------------|----------|---------|-----------|------------|
| SNF/ICF | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 55 | 92 | 16,786.43 | 182.46 | 15.333 | 305.21 | 2797.74 |
| MEDICAL SUPPLIES | 4 | 126 | 42.88 | .34 | 21.000 | 10.72 | 7.15 |
| @DENTIST | 266 | 1,118 | \$ 45,728.50 | \$ 40.90 | 186.333 | \$ 171.91 | \$ 7621.42 |
| VISITS - DIAGNOSTIC | 180 | 732 | 8,082.00 | 11.04 | 122.000 | 44.90 | 1347.00 |
| ORAL SURGERY | 25 | 46 | 2,318.25 | 50.40 | 7.667 | 92.73 | 386.38 |
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 2 | 2 | 100.00 | 50.00 | .333 | 50.00 | 16.67 |
| PERIODONTICS | 22 | 30 | 3,251.00 | 108.37 | 5.000 | 147.77 | 541.83 |
| ENDODONTICS | 15 | 19 | 4,152.00 | 218.53 | 3.167 | 276.80 | 692.00 |
| RESTORATIVE DENTISTRY | 77 | 206 | 22,209.25 | 107.81 | 34.333 | 288.43 | 3701.54 |
| PROSTHETICS | 7 | 9 | 210.00 | 23.33 | 1.500 | 30.00 | 35.00 |
| DENTURES, STAYPLATES | 22 | 57 | 5,406.00 | 94.84 | 9.500 | 245.73 | 901.00 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 8 | 17 | .00 | .00 | 2.833 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MOP024
SANTA BARBARA COUN

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

PAGE 13,166
01/29/04

| 06 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @OPTOMETRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EYE APPLIANCES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE ANESTHESIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NURSE MIDWIFE | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @TOTAL HOSPITAL | 10 | 34 | \$ 5,678.18 | \$ 167.01 | 5.667 | \$ 567.82 | \$ 946.36 |
| HOSP INPATIENT TOTAL | 8 | 27 | 5,618.33 | 208.09 | 4.500 | 702.29 | 936.39 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 8 | 27 | 5,618.33 | 208.09 | 4.500 | 702.29 | 936.39 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 2 | 7 | 59.85 | 8.55 | 1.167 | 29.93 | 9.98 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 2 | 7 | 59.85 | 8.55 | 1.167 | 29.93 | 9.98 |
| @COUNTY HOSPITAL TOTAL | 1 | 6 | \$ 27.10 | \$ 4.52 | 1.000 | \$ 27.10 | \$ 4.52 |

| | | | | | | | |
|-----------------------------|---|---|-------|------|-------|-------|------|
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 1 | 6 | 27.10 | 4.52 | 1.000 | 27.10 | 4.52 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 1 | 6 | 27.10 | 4.52 | 1.000 | 27.10 | 4.52 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,167
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

| 06 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | | |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 9 | 28 | \$ 5,651.08 | \$ 201.82 | 4.667 | \$ 627.90 | \$ 941.85 |
| COMM HOSP INPATIENT TOTAL | 8 | 27 | 5,618.33 | 208.09 | 4.500 | 702.29 | 936.39 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 8 | 27 | 5,618.33 | 208.09 | 4.500 | 702.29 | 936.39 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 1 | 1 | 32.75 | 32.75 | .167 | 32.75 | 5.46 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 1 | 1 | 32.75 | 32.75 | .167 | 32.75 | 5.46 |
| @STATE HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | |
|------------------------------|---|-----|----|------------|-----------|--------|-------------|-------------|
| INDEPENDENT FACILITY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| XO AND OTHERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 430 | 545 | \$ | 100,061.11 | \$ 183.60 | 90.833 | \$ 232.70 | \$ 16676.85 |
| CLINIC | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SURGICENTER | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 430 | 545 | | 100,061.11 | 183.60 | 90.833 | 232.70 | 16676.85 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | | | | | | PAGE 13,168 | |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | 01/29/04 | |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C | | | | | | | |

| 06 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|-------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @ALL OTHER PROVIDERS | 47 | 323 | \$ 16,780.58 | \$ 51.95 | 53.833 | \$ 357.03 | \$ 2796.76 |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 2 | 25 | 1,762.97 | 70.52 | 4.167 | 881.49 | 293.83 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 42 | 279 | 14,556.78 | 52.17 | 46.500 | 346.59 | 2426.13 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 1 | 3 | 80.83 | 26.94 | .500 | 80.83 | 13.47 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 2 | 16 | 380.00 | 23.75 | 2.667 | 190.00 | 63.33 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 11 | 9 | \$ 5,684.40 | \$ 631.60 | 1.500 | \$ 516.76 | \$ 947.40 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| | | | | | | | | |
|----------------------------|---|--|--|--|--|--|-------------|--|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | | | | | | PAGE 13,169 | |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | 01/29/04 | |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED | | | | | | | |

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|-----------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @TOTAL, ALL PROVIDERS | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @PHYSICIANS SERVICES | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| OUTPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OFFICE VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|----------------------------|---|---|--------|--------|------|--------|--------|
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PHARMACY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| PRESCRIPTION DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL SUPPLIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @DENTIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS - DIAGNOSTIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PERIODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ENDODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESTORATIVE DENTISTRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

PAGE 13,170

01/29/04

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @OPTOMETRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EYE APPLIANCES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | | |
|------------------------------|---|---|----|-----|----|-----|------|-----|-----|
| RADIO./PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| OTHER | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 |
| NURSE ANESTHESIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 |
| NURSE MIDWIFE | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 |
| @TOTAL HOSPITAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 |
| HOSP INPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |

| | | | | | | | |
|-----------------------------|---|---|-----|-----|------|-----|-----|
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,171
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|-----------------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @COMMUNITY HOSPITAL TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @STATE HOSPITAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | | | | |
|------------------------------|---|---|----|-----|----|-----|------|----|-----|----|-----|
| LEV B-REGULAR | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| ICF DDH | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @LABORATORY FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| XO AND OTHERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,172
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

SANTA BARBARA COUN SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | | |
|-------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @ALL OTHER PROVIDERS | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,173
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

SANTA BARBARA COUN

SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

| 06 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | MONTHLY AVERAGE | | | |
|----------------------------|-------|-------------------------------------|---------------|------------------------------|------------------------|------------------|----------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 1,111 | 4,365 | \$ 319,451.20 | \$ 73.18 | 727.500 | \$ 287.53 | \$ 53241.87 |
| @PHYSICIANS SERVICES | 1 | 2 | \$ 6.22 | \$ 3.11 | .333 | \$ 6.22 | \$ 1.04 |
| OUTPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OFFICE VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 1 | 2 | 6.22 | 3.11 | .333 | 6.22 | 1.04 |
| @PHARMACY | 65 | 495 | \$ 18,530.30 | \$ 37.43 | 82.500 | \$ 285.08 | \$ 3088.38 |
| PRESCRIPTION DRUGS | 60 | 101 | 18,235.41 | 180.55 | 16.833 | 303.92 | 3039.24 |
| SNF/ICF | 1 | 1 | 194.10 | 194.10 | .167 | 194.10 | 32.35 |
| OUTPATIENTS | 59 | 100 | 18,041.31 | 180.41 | 16.667 | 305.78 | 3006.89 |
| MEDICAL SUPPLIES | 5 | 394 | 294.89 | .75 | 65.667 | 58.98 | 49.15 |
| @DENTIST | 332 | 1,374 | \$ 60,546.50 | \$ 44.07 | 229.000 | \$ 182.37 | \$ 10091.08 |
| VISITS - DIAGNOSTIC | 221 | 881 | 10,140.00 | 11.51 | 146.833 | 45.88 | 1690.00 |
| ORAL SURGERY | 34 | 63 | 3,114.25 | 49.43 | 10.500 | 91.60 | 519.04 |
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 3 | 3 | 200.00 | 66.67 | .500 | 66.67 | 33.33 |
| PERIODONTICS | 26 | 35 | 3,869.00 | 110.54 | 5.833 | 148.81 | 644.83 |
| ENDODONTICS | 18 | 24 | 5,428.00 | 226.17 | 4.000 | 301.56 | 904.67 |
| RESTORATIVE DENTISTRY | 97 | 263 | 27,199.25 | 103.42 | 43.833 | 280.40 | 4533.21 |
| PROSTHETICS | 8 | 10 | 240.00 | 24.00 | 1.667 | 30.00 | 40.00 |
| DENTURES, STAYPLATES | 32 | 77 | 10,356.00 | 134.49 | 12.833 | 323.63 | 1726.00 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 10 | 18 | .00 | .00 | 3.000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV
MOP024
SANTA BARBARA COUN

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

PAGE 13,174
01/29/04

06 ELIGIBLES

USERS

UNITS OF SERVICE
OR DAYS OF CARE

EXPENDITURES

AVERAGE COST
PER UNIT/DAYMONTHLY AVERAGE
UNITS/DAYS
PER ELIGCOST PER
USERCOST PER
ELIGIBLE

| | | | | | | | | | | | |
|------------------------------|----|----|----|----------|----|--------|-------|----|--------|----|--------|
| @OPTOMETRIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| EYE APPLIANCES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @CHIROPRACTOR | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| VISITS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @PODIATRIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| MEDICINE/INJECTIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY/ANES. | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIO./PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| NURSE ANESTHESIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| NURSE MIDWIFE | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| @TOTAL HOSPITAL | 10 | 25 | \$ | 4,838.18 | \$ | 193.53 | 4.167 | \$ | 483.82 | \$ | 806.36 |
| HOSP INPATIENT TOTAL | 8 | 18 | | 4,778.33 | | 265.46 | 3.000 | | 597.29 | | 796.39 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | 8 | 18 | | 4,778.33 | | 265.46 | 3.000 | | 597.29 | | 796.39 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HOSP OUTPATIENT TOTAL | 2 | 7 | | 59.85 | | 8.55 | 1.167 | | 29.93 | | 9.98 |
| MEDICAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ROOM USE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 2 | 7 | | 59.85 | | 8.55 | 1.167 | | 29.93 | | 9.98 |
| @COUNTY HOSPITAL TOTAL | 1 | 6 | \$ | 27.10 | \$ | 4.52 | 1.000 | \$ | 27.10 | \$ | 4.52 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CO HOSP OUTPATIENT TOTAL | 1 | 6 | | 27.10 | | 4.52 | 1.000 | | 27.10 | | 4.52 |
| MEDICAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ROOM USE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 1 | 6 | | 27.10 | | 4.52 | 1.000 | | 27.10 | | 4.52 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,175
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

| | 06 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|---------------------------|--------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @COMMUNITY HOSPITAL TOTAL | 9 | 19 | \$ | 4,811.08 | \$ 253.21 | 3.167 | \$ 534.56 | \$ 801.85 |

| | | | | | | | |
|----------------------------|---|----|----------|--------|-------|--------|--------|
| COMM HOSP INPATIENT TOTAL | 8 | 18 | 4,778.33 | 265.46 | 3.000 | 597.29 | 796.39 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 8 | 18 | 4,778.33 | 265.46 | 3.000 | 597.29 | 796.39 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 1 | 1 | 32.75 | 32.75 | .167 | 32.75 | 5.46 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | | |
|---|-----|-----|----|------------|----|--------|---------|-----------|-------------|
| CROSSOVERS/ALL OTH OUTPTNT | 1 | 1 | | 32.75 | | 32.75 | .167 | 32.75 | 5.46 |
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$.00 | \$.00 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$.00 | \$.00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| XO AND OTHERS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 570 | 724 | \$ | 132,911.92 | \$ | 183.58 | 120.667 | \$ 233.18 | \$ 22151.99 |
| CLINIC | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 570 | 724 | | 132,911.92 | | 183.58 | 120.667 | 233.18 | 22151.99 |
| #CALIF DEPT OF HEALTH SERV | | | | | | | | | PAGE 13,176 |
| MOP024 | | | | | | | | | 01/29/04 |
| SANTA BARBARA COUN | | | | | | | | | |
| MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | | | | | | | | | |
| FEE-FOR-SERVICE/DENTAL | | | | | | | | | |
| SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL | | | | | | | | | |

| 06 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | | |
|----------------------------|-------|-------------------------------------|---------------|------------------------------|------------------------|------------------|----------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @ALL OTHER PROVIDERS | 240 | 1,745 | \$ 102,618.08 | \$ 58.81 | 290.833 | \$ 427.58 | \$ 17103.01 |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 26 | 409 | 28,254.83 | 69.08 | 68.167 | 1086.72 | 4709.14 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 215 | 1,317 | 73,902.42 | 56.11 | 219.500 | 343.73 | 12317.07 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 1 | 3 | 80.83 | 26.94 | .500 | 80.83 | 13.47 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 2 | 16 | 380.00 | 23.75 | 2.667 | 190.00 | 63.33 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|-------------------------------|----|---|-------------|-----------|-------|-----------|-----------|
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 11 | 9 | \$ 4,844.40 | \$ 538.27 | 1.500 | \$ 440.40 | \$ 807.40 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| | | |
|----------------------------|---|-------------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | PAGE 13,177 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | 01/29/04 |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED | AID CODE 18 |

| 03 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|-------|-------------------------------------|---------------|------------------------------|--|------------------|----------------------|
| @TOTAL, ALL PROVIDERS | 721 | 9,750 | \$ 239,669.07 | \$ 24.58 | 3250.000 | \$ 332.41 | \$ 79889.69 |
| @PHYSICIANS SERVICES | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| OUTPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OFFICE VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PHARMACY | 23 | 5,912 | \$ 3,518.35 | \$.60 | 1970.667 | \$ 152.97 | \$ 1172.78 |
| PRESCRIPTION DRUGS | 8 | 13 | 2,933.83 | 225.68 | 4.333 | 366.73 | 977.94 |
| SNF/ICF | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 8 | 13 | 2,933.83 | 225.68 | 4.333 | 366.73 | 977.94 |
| MEDICAL SUPPLIES | 15 | 5,899 | 584.52 | .10 | 1966.333 | 38.97 | 194.84 |
| @DENTIST | 96 | 379 | \$ 16,225.00 | \$ 42.81 | 126.333 | \$ 169.01 | \$ 5408.33 |
| VISITS - DIAGNOSTIC | 56 | 224 | 2,575.00 | 11.50 | 74.667 | 45.98 | 858.33 |
| ORAL SURGERY | 8 | 65 | 600.00 | 9.23 | 21.667 | 75.00 | 200.00 |
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PERIODONTICS | 2 | 2 | 245.00 | 122.50 | .667 | 122.50 | 81.67 |
| ENDODONTICS | 4 | 4 | 1,105.00 | 276.25 | 1.333 | 276.25 | 368.33 |
| RESTORATIVE DENTISTRY | 17 | 41 | 2,185.00 | 53.29 | 13.667 | 128.53 | 728.33 |
| PROSTHETICS | 2 | 2 | 125.00 | 62.50 | .667 | 62.50 | 41.67 |
| DENTURES, STAYPLATES | 24 | 40 | 9,390.00 | 234.75 | 13.333 | 391.25 | 3130.00 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|------------------------------|---|-------------------------------------|--------------|------------------------------|-----------------------------|------------------|----------------------|
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 1 | 1 | .00 | .00 | .333 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | | | | | | PAGE 13,178 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | 01/29/04 |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED | | | | | | AID CODE 18 |
| | | | | | ----- MONTHLY AVERAGE ----- | | |
| 03 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @OPTOMETRIST | 0 | 0 \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EYE APPLIANCES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 0 | 0 \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HOME HEALTH AGENCY | 0 | 0 \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE ANESTHESIST | 0 | 0 \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE MIDWIFE | 0 | 0 \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| @TOTAL HOSPITAL | 0 | 8CR \$ | 812.00CR | \$ 101.50 | 2.667CR | \$.00 | \$ 270.67CR |
| HOSP INPATIENT TOTAL | 0 | 8CR | 812.00CR | 101.50 | 2.667CR | .00 | 270.67CR |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 8CR | 812.00CR | 101.50 | 2.667CR | .00 | 270.67CR |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|----------------------------|---|---|-----|-----|------|-----|-----|
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,179
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

| 03 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | ----- MONTHLY AVERAGE ----- | | |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|-----------------------------|------------------|----------------------|
| | | | | | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 0 | 8CR \$ | 812.00CR | \$ 101.50 | 2.667CR\$ | .00 | \$ 270.67CR |
| COMM HOSP INPATIENT TOTAL | 0 | 8CR | 812.00CR | 101.50 | 2.667CR | .00 | 270.67CR |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 8CR | 812.00CR | 101.50 | 2.667CR | .00 | 270.67CR |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @STATE HOSPITAL | 0 | 0 \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @REHABILITATION FACILITY | 0 | 0 \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INDEPENDENT FACILITY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 0 | 0 \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| XO AND OTHERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 103 | 143 \$ | 26,551.44 | \$ 185.67 | 47.667 | \$ 257.78 | \$ 8850.48 |
| CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGICENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 103 | 143 | 26,551.44 | 185.67 | 47.667 | 257.78 | 8850.48 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,180
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

| 03 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | ----- MONTHLY AVERAGE ----- | COST PER | COST PER |
|--------------|-------|------------------|--------------|--------------|-----------------------------|----------|----------|
| | | | | | UNITS/DAYS | | |

| | | OR DAYS OF CARE | | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
|----------------------------|-----|-----------------|----|------------|--------------|----------|-----------|-------------|
| @ALL OTHER PROVIDERS | 566 | 3,324 | \$ | 194,186.28 | \$ 58.42 | 1108.000 | \$ 343.09 | \$ 64728.76 |
| DURABLE MED. EQUIP. | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 8 | 162 | | 10,950.71 | 67.60 | 54.000 | 1368.84 | 3650.24 |
| GENETIC DISEASE TESTING | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 559 | 3,162 | | 183,235.57 | 57.95 | 1054.000 | 327.79 | 61078.52 |
| OCCUPATIONAL THERAPIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|-------------------------------|---|---|-------------|--------|------|--------|-------------|
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$ 812.00CR | \$.00 | .000 | \$.00 | \$ 270.67CR |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| | | |
|----------------------------|---|-------------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | PAGE 13,181 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | 01/29/04 |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND | AID CODE 28 |

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @TOTAL, ALL PROVIDERS | 24 | 120 | \$ 6,679.97 | \$ 55.67 | .000 | \$ 278.33 | \$.00 |
| @PHYSICIANS SERVICES | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| OUTPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OFFICE VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PHARMACY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| PRESCRIPTION DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL SUPPLIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @DENTIST | 3 | 9 | \$ 485.00 | \$ 53.89 | .000 | \$ 161.67 | \$.00 |

| | | | | | | | |
|-------------------------|---|---|--------|-------|------|--------|-----|
| VISITS - DIAGNOSTIC | 1 | 1 | 15.00 | 15.00 | .000 | 15.00 | .00 |
| ORAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PERIODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ENDODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESTORATIVE DENTISTRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 3 | 8 | 470.00 | 58.75 | .000 | 156.67 | .00 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,182
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | ----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|---|
| @OPTOMETRIST | 0 | 0 | \$.00 | \$.00 | .000 \$.00 \$.00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | .00 | .00 | .000 .00 .00 |
| EYE APPLIANCES | 0 | 0 | .00 | .00 | .000 .00 .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 .00 .00 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$.00 | .000 \$.00 \$.00 |
| VISITS | 0 | 0 | .00 | .00 | .000 .00 .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 .00 .00 |
| @PODIATRIST | 0 | 0 | \$.00 | \$.00 | .000 \$.00 \$.00 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 .00 .00 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 .00 .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 .00 .00 |
| OTHER | 0 | 0 | .00 | .00 | .000 .00 .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$.00 | \$.00 | .000 \$.00 \$.00 |
| NURSE ANESTHESIST | 0 | 0 | \$.00 | \$.00 | .000 \$.00 \$.00 |
| NURSE MIDWIFE | 0 | 0 | \$.00 | \$.00 | .000 \$.00 \$.00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 \$.00 \$.00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 \$.00 \$.00 |
| @TOTAL HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 \$.00 \$.00 |
| HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 .00 .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 .00 .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | .00 | .00 | .000 .00 .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 .00 .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 .00 .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 .00 .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 .00 .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 .00 .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 .00 .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 .00 .00 |
| HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 .00 .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 .00 .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 .00 .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 .00 .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 .00 .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 .00 .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 .00 .00 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$.00 | \$.00 | .000 \$.00 \$.00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 .00 .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 .00 .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 .00 .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 .00 .00 |

| | | | | | | | |
|----------------------------|---|---|-----|-----|------|-----|-----|
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,183
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @COMMUNITY HOSPITAL TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| COMM HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @STATE HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INDEPENDENT FACILITY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| XO AND OTHERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | | | | |
|------------------------------|---|---|----|--------|----|--------|------|----|--------|----|-----|
| @ORGANIZED OUTPATIENT CLINIC | 5 | 5 | \$ | 927.73 | \$ | 185.55 | .000 | \$ | 185.55 | \$ | .00 |
| CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 5 | 5 | | 927.73 | | 185.55 | .000 | | 185.55 | | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,184
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|-------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @ALL OTHER PROVIDERS | 17 | 106 | \$ 5,267.24 | \$ 49.69 | .000 | \$ 309.84 | \$.00 |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 17 | 106 | 5,267.24 | 49.69 | .000 | 309.84 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| | | |
|----------------------------|---|-------------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | PAGE 13,185 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | 01/29/04 |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED | AID CODE 68 |

| 01 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|-----------------------|-------|-------------------------------------|---------------|------------------------------|------------------------|------------------|----------------------|
| @TOTAL, ALL PROVIDERS | 262 | 17,979 | \$ 105,752.11 | \$ 5.88 | 7979.000 | \$ 403.63 | \$105752.11 |
| @PHYSICIANS SERVICES | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| OUTPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OFFICE VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|----------------------------|---|---|-----|-----|------|-----|-----|
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | |
|----------------------------|---|-------|----|-----------|----------|----------|-----------|-------------|
| RADIOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PSYCHIATRY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @PHARMACY | 19 | 9,857 | \$ | 2,215.61 | \$.22 | 9857.000 | \$ 116.61 | \$ 2215.61 |
| PRESCRIPTION DRUGS | 5 | 10 | | 914.78 | 91.48 | 10.000 | 182.96 | 914.78 |
| SNF/ICF | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 5 | 10 | | 914.78 | 91.48 | 10.000 | 182.96 | 914.78 |
| MEDICAL SUPPLIES | 14 | 9,847 | | 1,300.83 | .13 | 9847.000 | 92.92 | 1300.83 |
| @DENTIST | 81 | 286 | \$ | 12,643.40 | \$ 44.21 | 286.000 | \$ 156.09 | \$ 12643.40 |
| VISITS - DIAGNOSTIC | 47 | 162 | | 2,037.40 | 12.58 | 162.000 | 43.35 | 2037.40 |
| ORAL SURGERY | 13 | 42 | | 2,609.00 | 62.12 | 42.000 | 200.69 | 2609.00 |
| DRUGS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 4 | 4 | | 400.00 | 100.00 | 4.000 | 100.00 | 400.00 |
| PERIODONTICS | 4 | 4 | | 718.00 | 179.50 | 4.000 | 179.50 | 718.00 |
| ENDODONTICS | 6 | 7 | | 1,800.00 | 257.14 | 7.000 | 300.00 | 1800.00 |
| RESTORATIVE DENTISTRY | 19 | 38 | | 2,421.00 | 63.71 | 38.000 | 127.42 | 2421.00 |
| PROSTHETICS | 3 | 3 | | 80.00 | 26.67 | 3.000 | 26.67 | 80.00 |
| DENTURES, STAYPLATES | 8 | 23 | | 2,503.00 | 108.83 | 23.000 | 312.88 | 2503.00 |
| SPACE MAINTAINERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 1 | 1 | | 75.00 | 75.00 | 1.000 | 75.00 | 75.00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 1 | 2 | | .00 | .00 | 2.000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | | | | | | | PAGE 13,186 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | 01/29/04 |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED | | | | | | | |
| | AID CODE 68 | | | | | | | |

| | | | | | | ----- MONTHLY AVERAGE ----- | | | |
|------------------------------|---|-------|-------------------------------------|--------------|------------------------------|-----------------------------|------------------|----------------------|--|
| 01 ELIGIBLES | | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE | |
| @OPTOMETRIST | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 | |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| EYE APPLIANCES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| @CHIROPRACTOR | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 | |
| VISITS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| OTHER SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| @PODIATRIST | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 | |
| MEDICINE/INJECTIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| SURGERY/ANES. | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| RADIO./PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| OTHER | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| @HOME HEALTH AGENCY | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 | |
| NURSE ANESTHESIST | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 | |
| NURSE MIDWIFE | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 | |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 | |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 | |
| @TOTAL HOSPITAL | 2 | 8CR | \$ | 140.87CR | \$ 17.61 | 8.000CR | \$ 70.44CR | \$ 140.87CR | |
| HOSP INPATIENT TOTAL | 2 | 8CR | | 140.87CR | 17.61 | 8.000CR | 70.44CR | 140.87CR | |
| HSC HOSPITALS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| ACCOMMODATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| ALL OTHER ACCOM | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| ANCILLARIES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| INPATIENT CROSSOVERS | 2 | 8CR | | 140.87CR | 17.61 | 8.000CR | 70.44CR | 140.87CR | |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| HOSP OUTPATIENT TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| MEDICAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |

| | | | | | | | |
|-----------------------------|---|---|--------|--------|------|--------|--------|
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,187
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED AID CODE 68

| 01 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | ----- MONTHLY AVERAGE ----- | | |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|-----------------------------|------------------|----------------------|
| | | | | | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 2 | 8CR | \$ 140.87CR | \$ 17.61 | 8.000CR | \$ 70.44CR | \$ 140.87CR |
| COMM HOSP INPATIENT TOTAL | 2 | 8CR | 140.87CR | 17.61 | 8.000CR | 70.44CR | 140.87CR |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 2 | 8CR | 140.87CR | 17.61 | 8.000CR | 70.44CR | 140.87CR |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @STATE HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | |
|------------------------------|---|-----|----|-----------|-----|--------|-------------|--------|
| ICF DDN/DDCN | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | \$ | .000 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .000 | | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | | .000 | | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$ | .000 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .000 | | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .000 | | .00 |
| @LABORATORY FACILITY | 0 | 0 | \$ | .00 | \$ | .000 | \$ | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .000 | | .00 |
| XO AND OTHERS | 0 | 0 | | .00 | | .000 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 154 | 196 | \$ | 36,147.53 | \$ | 184.43 | \$ | 234.72 |
| CLINIC | 0 | 0 | | .00 | | .000 | | .00 |
| SURGICENTER | 0 | 0 | | .00 | | .000 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .000 | | .00 |
| RURAL HEALTH CLINIC | 154 | 196 | | 36,147.53 | | 184.43 | | 234.72 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | | | | | | PAGE 13,188 | |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | 01/29/04 | |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED | | | | | | AID CODE 68 | |

| 01 ELIGIBLES | | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|-------------------------------|----|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @ALL OTHER PROVIDERS | 47 | 7,648 | \$ | 54,886.44 | \$ 7.18 | 7648.000 | \$ 1167.80 | \$ 54886.44 |
| DURABLE MED. EQUIP. | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 3 | 44 | | 3,017.08 | 68.57 | 44.000 | 1005.69 | 3017.08 |
| GENETIC DISEASE TESTING | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 42 | 2,329 | | 51,350.71 | 22.05 | 2329.000 | 1222.64 | 51350.71 |
| OCCUPATIONAL THERAPIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 2 | 5,275 | | 518.65 | .10 | 5275.000 | 259.33 | 518.65 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$ | .00 | \$ | .000 | \$ | .00 |
| @XOVER EXCLUDING STATE HOSP** | 2 | 0 | \$ | 140.87CR | \$ | .000 | \$ | 70.44CR |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| | | | | | | | | |
|----------------------------|---|--|--|--|--|--|-------------|--|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | | | | | | PAGE 13,189 | |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | 01/29/04 | |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL | | | | | | | |

| 04 ELIGIBLES | | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|--------------|--|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
|--------------|--|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|

| | | | | | | | | | | | |
|------------------------------|---|------|----|----------|----|-------|---------|----|----------|----|----------|
| @CHIROPRACTOR | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| VISITS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @PODIATRIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| MEDICINE/INJECTIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY/ANES. | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIO./PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| NURSE ANESTHESIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| NURSE MIDWIFE | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| @TOTAL HOSPITAL | 2 | 16CR | \$ | 952.87CR | \$ | 59.55 | 4.000CR | \$ | 476.44CR | \$ | 238.22CR |
| HOSP INPATIENT TOTAL | 2 | 16CR | | 952.87CR | | 59.55 | 4.000CR | | 476.44CR | | 238.22CR |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |

| | | | | | | | |
|-----------------------------|---|------|----------|--------|---------|----------|----------|
| NON-HSC HOSPITAL TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 2 | 16CR | 952.87CR | 59.55 | 4.000CR | 476.44CR | 238.22CR |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | | | | | | |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL | | | | | | |

PAGE 13,191
01/29/04

| 04 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | | |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 2 | 16CR | \$ 952.87CR | \$ 59.55 | 4.000CR | \$ 476.44CR | \$ 238.22CR |
| COMM HOSP INPATIENT TOTAL | 2 | 16CR | 952.87CR | 59.55 | 4.000CR | 476.44CR | 238.22CR |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 2 | 16CR | 952.87CR | 59.55 | 4.000CR | 476.44CR | 238.22CR |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @STATE HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

@XOVER EXCLUDING STATE HOSP** 2 0 \$ 952.87CR \$.00 .000 \$ 476.44CR\$ 238.22CR

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,193
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 SANTA BARBARA COUN SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

| 138 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|-------|-------------------------------------|-----------------|------------------------------|---|------------------|----------------------|
| @TOTAL, ALL PROVIDERS | 5,108 | 117,344 | \$ 1,530,349.15 | \$ 13.04 | 850.319 | \$ 299.60 | \$ 11089.49 |
| @PHYSICIANS SERVICES | 12 | 19 | \$ 300.00 | \$ 15.79 | .138 | \$ 25.00 | \$ 2.17 |
| OUTPATIENT VISITS | 1 | 1 | 24.00 | 24.00 | .007 | 24.00 | .17 |
| OFFICE VISITS | 1 | 1 | 24.00 | 24.00 | .007 | 24.00 | .17 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 1 | 1 | 25.00 | 25.00 | .007 | 25.00 | .18 |
| EXAMINATIONS | 1 | 1 | 25.00 | 25.00 | .007 | 25.00 | .18 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 1 | 2 | 54.82 | 27.41 | .014 | 54.82 | .40 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 9 | 15 | 196.18 | 13.08 | .109 | 21.80 | 1.42 |
| @PHARMACY | 161 | 39,236 | \$ 27,567.58 | \$.70 | 284.319 | \$ 171.23 | \$ 199.77 |
| PRESCRIPTION DRUGS | 98 | 215 | 19,691.68 | 91.59 | 1.558 | 200.94 | 142.69 |
| SNF/ICF | 8 | 11 | 2,587.67 | 235.24 | .080 | 323.46 | 18.75 |
| OUTPATIENTS | 90 | 204 | 17,104.01 | 83.84 | 1.478 | 190.04 | 123.94 |
| MEDICAL SUPPLIES | 70 | 39,021 | 7,875.90 | .20 | 282.761 | 112.51 | 57.07 |
| @DENTIST | 1,233 | 5,034 | \$ 219,984.48 | \$ 43.70 | 36.478 | \$ 178.41 | \$ 1594.09 |
| VISITS - DIAGNOSTIC | 753 | 3,010 | 35,571.80 | 11.82 | 21.812 | 47.24 | 257.77 |
| ORAL SURGERY | 192 | 580 | 21,953.18 | 37.85 | 4.203 | 114.34 | 159.08 |
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 9 | 9 | 600.00 | 66.67 | .065 | 66.67 | 4.35 |
| PERIODONTICS | 59 | 61 | 6,963.00 | 114.15 | .442 | 118.02 | 50.46 |
| ENDODONTICS | 46 | 69 | 15,328.00 | 222.14 | .500 | 333.22 | 111.07 |
| RESTORATIVE DENTISTRY | 269 | 675 | 51,529.50 | 76.34 | 4.891 | 191.56 | 373.40 |
| PROSTHETICS | 29 | 30 | 985.00 | 32.83 | .217 | 33.97 | 7.14 |
| DENTURES, STAYPLATES | 248 | 575 | 87,054.00 | 151.40 | 4.167 | 351.02 | 630.83 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 28 | 25 | .00 | .00 | .181 | .00 | .00 |

| 138 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | ----- MONTHLY AVERAGE ----- | | COST PER USER | COST PER ELIGIBLE |
|------------------------------|-------|-------------------------------------|---------------|------------------------------|-----------------------------|----|------------------|----------------------|
| | | | | | UNITS/DAYS PER ELIG | | | |
| @OPTOMETRIST | 11 | 27 | \$ 683.45 | \$ 25.31 | .196 | \$ | 62.13 | \$ 4.95 |
| DIAGNOSTIC AND ANC. PROCED | 9 | 6 | 284.70 | 47.45 | .043 | | 31.63 | 2.06 |
| EYE APPLIANCES | 10 | 21 | 398.75 | 18.99 | .152 | | 39.88 | 2.89 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$.00 | .000 | \$ | .00 | \$.00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| @PODIATRIST | 1 | 1 | \$ 26.70 | \$ 26.70 | .007 | \$ | 26.70 | \$.19 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| OTHER | 1 | 1 | 26.70 | 26.70 | .007 | | 26.70 | .19 |
| @HOME HEALTH AGENCY | 0 | 0 | \$.00 | \$.00 | .000 | \$ | .00 | \$.00 |
| NURSE ANESTHESIST | 0 | 0 | \$.00 | \$.00 | .000 | \$ | .00 | \$.00 |
| NURSE MIDWIFE | 0 | 0 | \$.00 | \$.00 | .000 | \$ | .00 | \$.00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$ | .00 | \$.00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$ | .00 | \$.00 |
| @TOTAL HOSPITAL | 15 | 24CR | \$ 2,889.52CR | \$ 120.40 | .174CR | \$ | 192.63CR | \$ 20.94CR |
| HOSP INPATIENT TOTAL | 5 | 48CR | 3,389.06CR | 70.61 | .348CR | | 677.81CR | 24.56CR |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| NON-HSC HOSPITAL TOTAL | 1 | 3 | 2,871.00 | 957.00 | .022 | | 2871.00 | 20.80 |
| ACCOMMODATIONS | 1 | 3 | 2,871.00 | 957.00 | .022 | | 2871.00 | 20.80 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ALL OTHER ACCOM | 1 | 3 | 2,871.00 | 957.00 | .022 | | 2871.00 | 20.80 |
| ANCILLARIES | 1 | 0 | .00 | .00 | .000 | | .00 | .00 |
| INPATIENT CROSSOVERS | 4 | 51CR | 6,260.06CR | 122.75 | .370CR | | 1565.02CR | 45.36CR |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 10 | 24 | 499.54 | 20.81 | .174 | | 49.95 | 3.62 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 10 | 24 | 499.54 | 20.81 | .174 | | 49.95 | 3.62 |
| @COUNTY HOSPITAL TOTAL | 1 | 1 | \$ 5.07 | \$ 5.07 | .007 | \$ | 5.07 | \$.04 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 1 | 1 | 5.07 | 5.07 | .007 | | 5.07 | .04 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 1 | 1 | 5.07 | 5.07 | .007 | | 5.07 | .04 |

MOP024
SANTA BARBARA COUN

FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

01/29/04

| 138 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | ----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER | COST PER ELIGIBLE | |
|---------------------------|-------|-------------------------------------|--------------|------------------------------|---|----------------------|---------|
| @COMMUNITY HOSPITAL TOTAL | 14 | 25CR \$ | 2,894.59CR | \$ 115.78 | .181CR\$ | 206.76CR\$ | 20.98CR |
| COMM HOSP INPATIENT TOTAL | 5 | 48CR | 3,389.06CR | 70.61 | .348CR | 677.81CR | 24.56CR |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 1 | 3 | 2,871.00 | 957.00 | .022 | 2871.00 | 20.80 |
| ACCOMMODATIONS | 1 | 3 | 2,871.00 | 957.00 | .022 | 2871.00 | 20.80 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 1 | 3 | 2,871.00 | 957.00 | .022 | 2871.00 | 20.80 |
| ANCILLARIES | 1 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 4 | 51CR | 6,260.06CR | 122.75 | .370CR | 1565.02CR | 45.36CR |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | |
|------------------------------|---|-------|----|------------|-----------|--------|--------------|------------|
| COMM HOSP OUTPATIENT TOTAL | 9 | 23 | | 494.47 | 21.50 | .167 | 54.94 | 3.58 |
| MEDICAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 9 | 23 | | 494.47 | 21.50 | .167 | 54.94 | 3.58 |
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 1 | 0 | \$ | 1,080.00CR | \$.00 | .000 | \$ 1080.00CR | \$ 7.83CR |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 1 | 0 | | 1,080.00CR | .00 | .000 | 1080.00CR | 7.83CR |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 1 | 2 | \$ | 38.67 | \$ 19.34 | .014 | \$ 38.67 | \$.28 |
| PATHOLOGY | 1 | 2 | | 38.67 | 19.34 | .014 | 38.67 | .28 |
| XO AND OTHERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 2,297 | 3,024 | \$ | 552,653.11 | \$ 182.76 | 21.913 | \$ 240.60 | \$ 4004.73 |
| CLINIC | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SURGICENTER | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 2,297 | 3,024 | | 552,653.11 | 182.76 | 21.913 | 240.60 | 4004.73 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | | | | | | | |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED | | | | | | | |

PAGE 13,196
01/29/04

| 138 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE | | COST PER ELIGIBLE |
|----------------------------|-------|-------------------------------------|---------------|------------------------------|------------------------|------------------|----------------------|
| | | | | | UNITS/DAYS PER ELIG | COST PER USER | |
| @ALL OTHER PROVIDERS | 1,706 | 70,025 | \$ 733,064.68 | \$ 10.47 | 507.428 | \$ 429.70 | \$ 5312.06 |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 185 | 3,432 | 236,687.92 | 68.97 | 24.870 | 1279.39 | 1715.13 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 1,475 | 8,547 | 488,195.59 | 57.12 | 61.935 | 330.98 | 3537.65 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 5 | 15 | 327.45 | 21.83 | .109 | 65.49 | 2.37 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|-------------------------------|----|--------|---------------|------------|---------|-------------|------------|
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 1 | 2 | 19.14 | 9.57 | .014 | 19.14 | .14 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 53 | 58,029 | 7,834.58 | .14 | 420.500 | 147.82 | 56.77 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$.00 | \$.00 | \$.000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 27 | 60 | \$ 5,372.97CR | \$ 89.55CR | .435 | \$ 199.00CR | \$ 38.93CR |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

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MOP024 FEE-FOR-SERVICE/DENTAL

01/29/04

SANTA BARBARA COUN SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

| 20 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|-------|-------------------------------------|---------------|------------------------------|---|------------------|----------------------|
| @TOTAL, ALL PROVIDERS | 585 | 2,665 | \$ 168,541.94 | \$ 63.24 | 133.250 | \$ 288.11 | \$ 8427.10 |
| @PHYSICIANS SERVICES | 6 | 9 | \$ 335.23 | \$ 37.25 | .450 | \$ 55.87 | \$ 16.76 |
| OUTPATIENT VISITS | 6 | 7 | 266.90 | 38.13 | .350 | 44.48 | 13.35 |
| OFFICE VISITS | 6 | 7 | 266.90 | 38.13 | .350 | 44.48 | 13.35 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 2 | 2 | 68.33 | 34.17 | .100 | 34.17 | 3.42 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PHARMACY | 25 | 267 | \$ 8,233.25 | \$ 30.84 | 13.350 | \$ 329.33 | \$ 411.66 |
| PRESCRIPTION DRUGS | 21 | 61 | 7,848.20 | 128.66 | 3.050 | 373.72 | 392.41 |
| SNF/ICF | 3 | 2 | 13.23 | 6.62 | .100 | 4.41 | .66 |
| OUTPATIENTS | 18 | 59 | 7,834.97 | 132.80 | 2.950 | 435.28 | 391.75 |
| MEDICAL SUPPLIES | 5 | 206 | 385.05 | 1.87 | 10.300 | 77.01 | 19.25 |
| @DENTIST | 135 | 567 | \$ 18,453.25 | \$ 32.55 | 28.350 | \$ 136.69 | \$ 922.66 |
| VISITS - DIAGNOSTIC | 91 | 389 | 4,398.25 | 11.31 | 19.450 | 48.33 | 219.91 |
| ORAL SURGERY | 16 | 38 | 2,209.00 | 58.13 | 1.900 | 138.06 | 110.45 |
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 2 | 2 | 200.00 | 100.00 | .100 | 100.00 | 10.00 |

| | | | | | | | |
|-------------------------|----|----|----------|--------|-------|--------|--------|
| PERIODONTICS | 8 | 10 | 1,554.00 | 155.40 | .500 | 194.25 | 77.70 |
| ENDODONTICS | 4 | 9 | 1,722.00 | 191.33 | .450 | 430.50 | 86.10 |
| RESTORATIVE DENTISTRY | 31 | 73 | 4,405.00 | 60.34 | 3.650 | 142.10 | 220.25 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 13 | 35 | 3,510.00 | 100.29 | 1.750 | 270.00 | 175.50 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 5 | 7 | 455.00 | 65.00 | .350 | 91.00 | 22.75 |
| ALL OTHER SERVICES | 4 | 4 | .00 | .00 | .200 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,198
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

| 20 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @OPTOMETRIST | 2 | 7 | \$ 149.57 | \$ 21.37 | .350 | \$ 74.79 | \$ 7.48 |
| DIAGNOSTIC AND ANC. PROCED | 2 | 2 | 94.90 | 47.45 | .100 | 47.45 | 4.75 |
| EYE APPLIANCES | 1 | 5 | 54.67 | 10.93 | .250 | 54.67 | 2.73 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HOME HEALTH AGENCY | 1 | 8 | \$ 542.11 | \$ 67.76 | .400 | \$ 542.11 | \$ 27.11 |
| NURSE ANESTHESIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NURSE MIDWIFE | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @TOTAL HOSPITAL | 2 | 5 | \$ 917.28 | \$ 183.46 | .250 | \$ 458.64 | \$ 45.86 |
| HOSP INPATIENT TOTAL | 2 | 5 | 917.28 | 183.46 | .250 | 458.64 | 45.86 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 2 | 5 | 917.28 | 183.46 | .250 | 458.64 | 45.86 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|----------------------------|---|---|-----|-----|------|-----|-----|
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,199
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

| 20 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @COMMUNITY HOSPITAL TOTAL | 2 | 5 | \$ 917.28 | \$ 183.46 | .250 | \$ 458.64 | \$ 45.86 |
| COMM HOSP INPATIENT TOTAL | 2 | 5 | 917.28 | 183.46 | .250 | 458.64 | 45.86 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 2 | 5 | 917.28 | 183.46 | .250 | 458.64 | 45.86 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @STATE HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 1 | 6 | \$ 691.26 | \$ 115.21 | .300 | \$ 691.26 | \$ 34.56 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 1 | 6 | 691.26 | 115.21 | .300 | 691.26 | 34.56 |
| @INTERMEDIATE CARE FACIL.-DD | 1 | 28 | \$ 4,176.76 | \$ 149.17 | 1.400 | \$ 4176.76 | \$ 208.84 |
| ICF DDH | 1 | 28 | 4,176.76 | 149.17 | 1.400 | 4176.76 | 208.84 |
| ICF DD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INDEPENDENT FACILITY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 3 | 11 | \$ 231.80 | \$ 21.07 | .550 | \$ 77.27 | \$ 11.59 |
| PATHOLOGY | 3 | 11 | 231.80 | 21.07 | .550 | 77.27 | 11.59 |
| XO AND OTHERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 238 | 309 | \$ 53,376.93 | \$ 172.74 | 15.450 | \$ 224.27 | \$ 2668.85 |
| CLINIC | 1 | 1 | 32.62 | 32.62 | .050 | 32.62 | 1.63 |
| SURGICENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

RURAL HEALTH CLINIC
 #CALIF DEPT OF HEALTH SERV
 MOP024
 SANTA BARBARA COUN

237 308 53,344.31 173.20 15.400 225.08 2667.22
 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,200
 FEE-FOR-SERVICE/DENTAL 01/29/04
 SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

| 20 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|------------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @ALL OTHER PROVIDERS | 218 | 1,448 | \$ 81,434.50 | \$ 56.24 | 72.400 | \$ 373.55 | \$ 4071.73 |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 2 | 2 | 58.14 | 29.07 | .100 | 29.07 | 2.91 |
| MEDICAL TRANSPORTATION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|-------------------------------|-----|-------|-----------|--------|--------|---------|---------|
| ADULT DAY HEALTH CARE CTR | 11 | 202 | 13,996.07 | 69.29 | 10.100 | 1272.37 | 699.80 |
| GENETIC DISEASE TESTING | 1 | 1 | 105.00 | 105.00 | .050 | 105.00 | 5.25 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 196 | 1,153 | 66,361.02 | 57.56 | 57.650 | 338.58 | 3318.05 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 8 | 90 | 914.27 | 10.16 | 4.500 | 114.28 | 45.71 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @XOVER EXCLUDING STATE HOSP** | 2 | 0 | 917.28 | .00 | .000 | 458.64 | 45.86 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,201
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

| 693 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|--------|-------------------------------------|-----------------|------------------------------|---|------------------|----------------------|
| @TOTAL, ALL PROVIDERS | 21,237 | 244,213 | \$ 5,795,174.16 | \$ 23.73 | 352.400 | \$ 272.88 | \$ 8362.44 |
| @PHYSICIANS SERVICES | 171 | 437 | \$ 15,690.62 | \$ 35.91 | .631 | \$ 91.76 | \$ 22.64 |
| OUTPATIENT VISITS | 87 | 107 | 5,609.27 | 52.42 | .154 | 64.47 | 8.09 |
| OFFICE VISITS | 33 | 38 | 1,724.03 | 45.37 | .055 | 52.24 | 2.49 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 51 | 63 | 3,684.72 | 58.49 | .091 | 72.25 | 5.32 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 6 | 6 | 200.52 | 33.42 | .009 | 33.42 | .29 |
| INPATIENT VISITS | 22 | 43 | 2,192.81 | 51.00 | .062 | 99.67 | 3.16 |
| HOSPITAL VISITS | 7 | 15 | 798.21 | 53.21 | .022 | 114.03 | 1.15 |
| CRITICAL CARE | 1 | 4 | 486.40 | 121.60 | .006 | 486.40 | .70 |
| SNF/ICF/TRANS IP CARE | 14 | 24 | 908.20 | 37.84 | .035 | 64.87 | 1.31 |
| OPHTHALMOLOGICAL SERVICES | 2 | 2 | 115.58 | 57.79 | .003 | 57.79 | .17 |
| EXAMINATIONS | 2 | 2 | 115.58 | 57.79 | .003 | 57.79 | .17 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 3 | 6 | 1,389.83 | 231.64 | .009 | 463.28 | 2.01 |
| PRINCIPAL SURGEON | 2 | 2 | 1,243.85 | 621.93 | .003 | 621.93 | 1.79 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 1 | 4 | 145.98 | 36.50 | .006 | 145.98 | .21 |
| OUTPATIENT SURGERY | 5 | 16 | 583.49 | 36.47 | .023 | 116.70 | .84 |
| PRINCIPAL SURGEON | 3 | 3 | 343.07 | 114.36 | .004 | 114.36 | .50 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 2 | 13 | 240.42 | 18.49 | .019 | 120.21 | .35 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 10 | 75 | 162.84 | 2.17 | .108 | 16.28 | .23 |
| RADIOLOGY | 44 | 92 | 3,639.73 | 39.56 | .133 | 82.72 | 5.25 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 46 | 96 | 1,997.07 | 20.80 | .139 | 43.41 | 2.88 |

| | | | | | | | | | | | |
|----------------------------|---|--------|----|--------------|----|--------|--------|----|--------|----|-------------|
| @PHARMACY | 1,411 | 45,379 | \$ | 453,876.40 | \$ | 10.00 | 65.482 | \$ | 321.67 | \$ | 654.94 |
| PRESCRIPTION DRUGS | 1,251 | 2,702 | | 423,924.89 | | 156.89 | 3.899 | | 338.87 | | 611.72 |
| SNF/ICF | 77 | 273 | | 32,450.34 | | 118.87 | .394 | | 421.43 | | 46.83 |
| OUTPATIENTS | 1,184 | 2,429 | | 391,474.55 | | 161.17 | 3.505 | | 330.64 | | 564.90 |
| MEDICAL SUPPLIES | 174 | 42,677 | | 29,951.51 | | .70 | 61.583 | | 172.14 | | 43.22 |
| @DENTIST | 6,229 | 27,098 | \$ | 1,058,238.38 | \$ | 39.05 | 39.102 | \$ | 169.89 | \$ | 1527.04 |
| VISITS - DIAGNOSTIC | 4,094 | 16,980 | | 201,036.89 | | 11.84 | 24.502 | | 49.11 | | 290.10 |
| ORAL SURGERY | 942 | 2,442 | | 122,453.22 | | 50.14 | 3.524 | | 129.99 | | 176.70 |
| DRUGS | 63 | 76 | | 1,728.40 | | 22.74 | .110 | | 27.43 | | 2.49 |
| ANESTHESIA | 80 | 83 | | 6,319.00 | | 76.13 | .120 | | 78.99 | | 9.12 |
| PERIODONTICS | 388 | 453 | | 64,068.00 | | 141.43 | .654 | | 165.12 | | 92.45 |
| ENDODONTICS | 385 | 543 | | 111,403.50 | | 205.16 | .784 | | 289.36 | | 160.76 |
| RESTORATIVE DENTISTRY | 1,780 | 4,462 | | 360,074.50 | | 80.70 | 6.439 | | 202.29 | | 519.59 |
| PROSTHETICS | 75 | 82 | | 2,295.00 | | 27.99 | .118 | | 30.60 | | 3.31 |
| DENTURES, STAYPLATES | 513 | 1,661 | | 179,318.33 | | 107.96 | 2.397 | | 349.55 | | 258.76 |
| SPACE MAINTAINERS | 10 | 10 | | 1,070.00 | | 107.00 | .014 | | 107.00 | | 1.54 |
| MAXILLOFACIAL SERVICES | 15 | 18 | | 1,456.54 | | 80.92 | .026 | | 97.10 | | 2.10 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ORTHODONTIC SERVICES | 70 | 85 | | 6,940.00 | | 81.65 | .123 | | 99.14 | | 10.01 |
| ALL OTHER SERVICES | 132 | 203 | | 75.00 | | .37 | .293 | | .57 | | .11 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | | | | | | | | | | PAGE 13,202 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | | | | 01/29/04 |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED | | | | | | | | | | |

| 693 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | MONTHLY AVERAGE | | |
|------------------------------|-------|-------------------------------------|----|--------------|------------------------------|------------------------|------------------|----------------------|--------|
| | | | | | | | COST PER USER | COST PER ELIGIBLE | |
| @OPTOMETRIST | 48 | 114 | \$ | 2,428.28 | \$ 21.30 | .165 | \$ 50.59 | \$ | 3.50 |
| DIAGNOSTIC AND ANC. PROCED | 28 | 27 | | 1,139.96 | 42.22 | .039 | 40.71 | | 1.64 |
| EYE APPLIANCES | 34 | 86 | | 1,276.91 | 14.85 | .124 | 37.56 | | 1.84 |
| OTHER OPTOMETRIC SERVICES | 1 | 1 | | 11.41 | 11.41 | .001 | 11.41 | | .02 |
| @CHIROPRACTOR | 1 | 3 | \$ | 50.16 | \$ 16.72 | .004 | \$ 50.16 | \$ | .07 |
| VISITS | 1 | 3 | | 50.16 | 16.72 | .004 | 50.16 | | .07 |
| OTHER SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| @PODIATRIST | 4 | 4 | \$ | 56.19 | \$ 14.05 | .006 | \$ 14.05 | \$ | .08 |
| MEDICINE/INJECTIONS | 1 | 1 | | 21.40 | 21.40 | .001 | 21.40 | | .03 |
| SURGERY/ANES. | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| RADIO./PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| OTHER | 3 | 3 | | 34.79 | 11.60 | .004 | 11.60 | | .05 |
| @HOME HEALTH AGENCY | 2 | 4 | \$ | 299.44 | \$ 74.86 | .006 | \$ 149.72 | \$ | .43 |
| NURSE ANESTHESIST | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$ | .00 |
| NURSE MIDWIFE | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$ | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$ | .00 |
| @TOTAL HOSPITAL | 231 | 1,123 | \$ | 203,509.23 | \$ 181.22 | 1.620 | \$ 880.99 | \$ | 293.66 |
| HOSP INPATIENT TOTAL | 130 | 646 | | 192,635.23 | 298.20 | .932 | 1481.81 | | 277.97 |
| HSC HOSPITALS | 5 | 31 | | 27,946.00 | 901.48 | .045 | 5589.20 | | 40.33 |
| NON-HSC HOSPITAL TOTAL | 5 | 33 | | 57,453.26 | 1741.01 | .048 | 11490.65 | | 82.91 |
| ACCOMMODATIONS | 5 | 33 | | 28,794.85 | 872.57 | .048 | 5758.97 | | 41.55 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ALL OTHER ACCOM | 5 | 33 | | 28,794.85 | 872.57 | .048 | 5758.97 | | 41.55 |
| ANCILLARIES | 5 | 0 | | 28,658.41 | .00 | .000 | 5731.68 | | 41.35 |
| INPATIENT CROSSOVERS | 120 | 582 | | 107,235.97 | 184.25 | .840 | 893.63 | | 154.74 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| HOSP OUTPATIENT TOTAL | 102 | 477 | | 10,874.00 | 22.80 | .688 | 106.61 | | 15.69 |
| MEDICAL | 27 | 36 | | 1,017.52 | 28.26 | .052 | 37.69 | | 1.47 |
| SURGERY | 2 | 2 | | 93.96 | 46.98 | .003 | 46.98 | | .14 |
| PATHOLOGY | 33 | 152 | | 1,538.15 | 10.12 | .219 | 46.61 | | 2.22 |
| RADIOLOGY | 30 | 47 | | 3,100.29 | 65.96 | .068 | 103.34 | | 4.47 |
| ROOM USE | 57 | 76 | | 2,695.88 | 35.47 | .110 | 47.30 | | 3.89 |

| | | | | | | | | | | |
|-----------------------------|----|-----|----|----------|----|-------|------|----------|----|------|
| CROSSEOVERS/ALL OTH OUTPTNT | 56 | 164 | | 2,428.20 | | 14.81 | .237 | 43.36 | | 3.50 |
| @COUNTY HOSPITAL TOTAL | 13 | 57 | \$ | 1,195.46 | \$ | 20.97 | .082 | \$ 91.96 | \$ | 1.73 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| INPATIENT CROSSEOVERS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| CO HOSP OUTPATIENT TOTAL | 13 | 57 | | 1,195.46 | | 20.97 | .082 | 91.96 | | 1.73 |
| MEDICAL | 10 | 14 | | 319.05 | | 22.79 | .020 | 31.91 | | .46 |
| SURGERY | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| PATHOLOGY | 4 | 15 | | 211.50 | | 14.10 | .022 | 52.88 | | .31 |
| RADIOLOGY | 2 | 4 | | 120.42 | | 30.11 | .006 | 60.21 | | .17 |
| ROOM USE | 10 | 14 | | 480.32 | | 34.31 | .020 | 48.03 | | .69 |
| CROSSEOVERS/ALL OTH OUTPTNT | 5 | 10 | | 64.17 | | 6.42 | .014 | 12.83 | | .09 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,203
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

| 693 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | | | |
|------------------------------|-------|-------------------------------------|---------------|------------------------------|------------------------|------------------|----------------------|--|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE | |
| @COMMUNITY HOSPITAL TOTAL | 221 | 1,066 | \$ 202,313.77 | \$ 189.79 | 1.538 | \$ 915.45 | \$ 291.94 | |
| COMM HOSP INPATIENT TOTAL | 130 | 646 | 192,635.23 | 298.20 | .932 | 1481.81 | 277.97 | |
| HSC HOSPITALS | 5 | 31 | 27,946.00 | 901.48 | .045 | 5589.20 | 40.33 | |
| NON-HSC HOSPITALS TOTAL | 5 | 33 | 57,453.26 | 1741.01 | .048 | 11490.65 | 82.91 | |
| ACCOMMODATIONS | 5 | 33 | 28,794.85 | 872.57 | .048 | 5758.97 | 41.55 | |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ALL OTHER ACCOM | 5 | 33 | 28,794.85 | 872.57 | .048 | 5758.97 | 41.55 | |
| ANCILLARIES | 5 | 0 | 28,658.41 | .00 | .000 | 5731.68 | 41.35 | |
| INPATIENT CROSSEOVERS | 120 | 582 | 107,235.97 | 184.25 | .840 | 893.63 | 154.74 | |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| COMM HOSP OUTPATIENT TOTAL | 92 | 420 | 9,678.54 | 23.04 | .606 | 105.20 | 13.97 | |
| MEDICAL | 18 | 22 | 698.47 | 31.75 | .032 | 38.80 | 1.01 | |
| SURGERY | 2 | 2 | 93.96 | 46.98 | .003 | 46.98 | .14 | |
| PATHOLOGY | 29 | 137 | 1,326.65 | 9.68 | .198 | 45.75 | 1.91 | |
| RADIOLOGY | 28 | 43 | 2,979.87 | 69.30 | .062 | 106.42 | 4.30 | |
| ROOM USE | 49 | 62 | 2,215.56 | 35.73 | .089 | 45.22 | 3.20 | |
| CROSSEOVERS/ALL OTH OUTPTNT | 51 | 154 | 2,364.03 | 15.35 | .222 | 46.35 | 3.41 | |
| @STATE HOSPITAL | 2 | 57 | \$ 40,598.82 | \$ 712.26 | .082 | \$ 20299.41 | \$ 58.58 | |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| DEVELOP. DISABLED | 2 | 57 | 40,598.82 | 712.26 | .082 | 20299.41 | 58.58 | |
| @NURSING FACILITY | 12 | 254 | \$ 43,037.52 | \$ 169.44 | .367 | \$ 3586.46 | \$ 62.10 | |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| LEV B-SUBACUTE HSPTL BASED | 1 | 31 | 17,982.17 | 580.07 | .045 | 17982.17 | 25.95 | |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| LEV B-REGULAR | 11 | 223 | 25,055.35 | 112.36 | .322 | 2277.76 | 36.15 | |
| @INTERMEDIATE CARE FACIL.-DD | 8 | 139 | \$ 21,813.66 | \$ 156.93 | .201 | \$ 2726.71 | \$ 31.48 | |
| ICF DDH | 4 | 56 | 8,353.52 | 149.17 | .081 | 2088.38 | 12.05 | |
| ICF DD | 1 | 31 | 3,994.66 | 128.86 | .045 | 3994.66 | 5.76 | |
| ICF DDN/DDCN | 3 | 52 | 9,465.48 | 182.03 | .075 | 3155.16 | 13.66 | |
| @HEMODIALYSIS TOTAL | 1 | 1 | \$ 424.26 | \$ 424.26 | .001 | \$ 424.26 | \$.61 | |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| HEMODIALYSIS CENTER | 1 | 1 | 424.26 | 424.26 | .001 | 424.26 | .61 | |

| | | | | | | | | | | | |
|------------------------------|---|--------|----|--------------|----|--------|--------|----|--------|----|-------------|
| @REHABILITATION FACILITY | 8 | 61 | \$ | 780.90 | \$ | 12.80 | .088 | \$ | 97.61 | \$ | 1.13 |
| HOSPITAL BASED | 3 | 10 | | 221.65 | | 22.17 | .014 | | 73.88 | | .32 |
| INDEPENDENT FACILITY | 5 | 51 | | 559.25 | | 10.97 | .074 | | 111.85 | | .81 |
| @LABORATORY FACILITY | 51 | 201 | \$ | 2,532.40 | \$ | 12.60 | .290 | \$ | 49.65 | \$ | 3.65 |
| PATHOLOGY | 51 | 201 | | 2,532.40 | | 12.60 | .290 | | 49.65 | | 3.65 |
| XO AND OTHERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 12,993 | 18,282 | \$ | 3,151,130.05 | \$ | 172.36 | 26.381 | \$ | 242.53 | \$ | 4547.09 |
| CLINIC | 13 | 24 | | 1,343.35 | | 55.97 | .035 | | 103.33 | | 1.94 |
| SURGICENTER | 1 | 1 | | 66.33 | | 66.33 | .001 | | 66.33 | | .10 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 12,983 | 18,257 | | 3,149,720.37 | | 172.52 | 26.345 | | 242.60 | | 4545.05 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | | | | | | | | | | PAGE 13,204 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | | | | 01/29/04 |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED | | | | | | | | | | |

| 693 ELIGIBLES | | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|-------------------------------|-------|---------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @ALL OTHER PROVIDERS | 2,149 | 151,056 | \$ | 800,707.85 | \$ 5.30 | 217.974 | \$ 372.60 | \$ 1155.42 |
| DURABLE MED. EQUIP. | 2 | 13 | | 2,487.13 | 191.32 | .019 | 1243.57 | 3.59 |
| BLOOD BANK | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 38 | 399 | | 4,059.77 | 10.17 | .576 | 106.84 | 5.86 |
| AMBULANCES/AIR TRANS | 30 | 218 | | 3,393.41 | 15.57 | .315 | 113.11 | 4.90 |
| OTHER TRANS | 7 | 174 | | 576.72 | 3.31 | .251 | 82.39 | .83 |
| OTHER SERVICES | 1 | 7 | | 89.64 | 12.81 | .010 | 89.64 | .13 |
| ACUPUNCTURE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 160 | 2,431 | | 168,137.27 | 69.16 | 3.508 | 1050.86 | 242.62 |
| GENETIC DISEASE TESTING | 11 | 11 | | 1,155.00 | 105.00 | .016 | 105.00 | 1.67 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 721 | 14,020 | | 437,992.52 | 31.24 | 20.231 | 607.48 | 632.02 |
| OCCUPATIONAL THERAPIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 15 | 42 | | 909.90 | 21.66 | .061 | 60.66 | 1.31 |
| PHYSICAL THERAPIST | 1 | 7 | | 5.82 | .83 | .010 | 5.82 | .01 |
| PORTABLE X-RAY | 1 | 3 | | 81.00 | 27.00 | .004 | 81.00 | .12 |
| PROSTHETIST/ORTHOTISTS | 3 | 6 | | 772.37 | 128.73 | .009 | 257.46 | 1.11 |
| PROSTHETICS | 1 | 1 | | 21.30 | 21.30 | .001 | 21.30 | .03 |
| ORTHOTICS | 2 | 5 | | 751.07 | 150.21 | .007 | 375.54 | 1.08 |
| PSYCHOLOGIST | 47 | 293 | | 7,172.65 | 24.48 | .423 | 152.61 | 10.35 |
| SPEECH AND AUDIOLOGY | 3 | 11 | | 321.16 | 29.20 | .016 | 107.05 | .46 |
| HOSPICE SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 1,073 | 18,917 | | 153,297.90 | 8.10 | 27.297 | 142.87 | 221.21 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 105 | 114,903 | | 24,315.36 | .21 | 165.805 | 231.57 | 35.09 |
| @CALIF. CHILDREN SERVICES* | 28 | 784 | \$ | 8,731.43 | \$ 11.14 | 1.131 | \$ 311.84 | \$ 12.60 |
| @XOVER EXCLUDING STATE HOSP** | 178 | 258 | \$ | 112,755.45 | \$ 437.04 | .372 | \$ 633.46 | \$ 162.71 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| | | | | | | | | | | | |
|----------------------------|---|--|--|--|--|--|--|--|--|--|-------------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | | | | | | | | | | PAGE 13,205 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | | | | 01/29/04 |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES | | | | | | | | | | |

| 1,630 ELIGIBLES | | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|-----------------------|--------|--------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @TOTAL, ALL PROVIDERS | 17,054 | 63,063 | \$ | 2,966,317.19 | \$ 47.04 | 38.689 | \$ 173.94 | \$ 1819.83 |
| @PHYSICIANS SERVICES | 220 | 414 | \$ | 17,170.90 | \$ 41.48 | .254 | \$ 78.05 | \$ 10.53 |
| OUTPATIENT VISITS | 177 | 235 | | 9,100.97 | 38.73 | .144 | 51.42 | 5.58 |
| OFFICE VISITS | 111 | 144 | | 5,171.44 | 35.91 | .088 | 46.59 | 3.17 |

| | | | | | | | |
|----------------------------|----|----|----------|--------|------|--------|------|
| HOME VISITS | 3 | 3 | 143.42 | 47.81 | .002 | 47.81 | .09 |
| EMERGENCY ROOM | 68 | 76 | 3,381.00 | 44.49 | .047 | 49.72 | 2.07 |
| PREVENTIVE CARE | 4 | 4 | 230.27 | 57.57 | .002 | 57.57 | .14 |
| OB VISITS/COMPRE PERI | 2 | 4 | 33.10 | 8.28 | .002 | 16.55 | .02 |
| OTHER OUTPATIENT | 4 | 4 | 141.74 | 35.44 | .002 | 35.44 | .09 |
| INPATIENT VISITS | 7 | 16 | 1,162.51 | 72.66 | .010 | 166.07 | .71 |
| HOSPITAL VISITS | 7 | 14 | 755.87 | 53.99 | .009 | 107.98 | .46 |
| CRITICAL CARE | 1 | 2 | 406.64 | 203.32 | .001 | 406.64 | .25 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 3 | 3 | 146.09 | 48.70 | .002 | 48.70 | .09 |
| EXAMINATIONS | 3 | 3 | 146.09 | 48.70 | .002 | 48.70 | .09 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 5 | 7 | 2,982.42 | 426.06 | .004 | 596.48 | 1.83 |
| PRINCIPAL SURGEON | 4 | 4 | 2,721.84 | 680.46 | .002 | 680.46 | 1.67 |
| ASSISTANT SURGEON | 1 | 1 | 186.50 | 186.50 | .001 | 186.50 | .11 |
| ANESTHESIOLOGIST | 1 | 2 | 74.08 | 37.04 | .001 | 74.08 | .05 |

| | | | | | | | |
|----------------------------|---|--------|-----------------|----------|--------|-----------|-----------|
| OUTPATIENT SURGERY | 12 | 19 | 1,420.63 | 74.77 | .012 | 118.39 | .87 |
| PRINCIPAL SURGEON | 11 | 12 | 1,266.02 | 105.50 | .007 | 115.09 | .78 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 2 | 7 | 154.61 | 22.09 | .004 | 77.31 | .09 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 22 | 48 | 338.12 | 7.04 | .029 | 15.37 | .21 |
| RADIOLOGY | 35 | 48 | 897.71 | 18.70 | .029 | 25.65 | .55 |
| PSYCHIATRY | 1 | 7 | 269.24 | 38.46 | .004 | 269.24 | .17 |
| IMMUNIZATION AND INJECTION | 4 | 5 | 35.73 | 7.15 | .003 | 8.93 | .02 |
| OTHER SERVICES/ALL X-OVERS | 19 | 26 | 817.48 | 31.44 | .016 | 43.03 | .50 |
| @PHARMACY | 573 | 1,648 | \$ 117,687.62 | \$ 71.41 | 1.011 | \$ 205.39 | \$ 72.20 |
| PRESCRIPTION DRUGS | 569 | 1,637 | 117,425.69 | 71.73 | 1.004 | 206.37 | 72.04 |
| SNF/ICF | 12 | 54 | 5,250.02 | 97.22 | .033 | 437.50 | 3.22 |
| OUTPATIENTS | 564 | 1,583 | 112,175.67 | 70.86 | .971 | 198.89 | 68.82 |
| MEDICAL SUPPLIES | 7 | 11 | 261.93 | 23.81 | .007 | 37.42 | .16 |
| @DENTIST | 7,770 | 39,903 | \$ 1,174,772.95 | \$ 29.44 | 24.480 | \$ 151.19 | \$ 720.72 |
| VISITS - DIAGNOSTIC | 5,476 | 26,454 | 361,565.08 | 13.67 | 16.229 | 66.03 | 221.82 |
| ORAL SURGERY | 1,069 | 1,911 | 102,775.00 | 53.78 | 1.172 | 96.14 | 63.05 |
| DRUGS | 883 | 1,149 | 27,431.00 | 23.87 | .705 | 31.07 | 16.83 |
| ANESTHESIA | 136 | 141 | 12,070.00 | 85.60 | .087 | 88.75 | 7.40 |
| PERIODONTICS | 120 | 131 | 15,546.75 | 118.68 | .080 | 129.56 | 9.54 |
| ENDODONTICS | 783 | 1,328 | 153,695.90 | 115.73 | .815 | 196.29 | 94.29 |
| RESTORATIVE DENTISTRY | 2,805 | 7,780 | 434,009.50 | 55.79 | 4.773 | 154.73 | 266.26 |
| PROSTHETICS | 19 | 19 | 500.00 | 26.32 | .012 | 26.32 | .31 |
| DENTURES, STAYPLATES | 51 | 224 | 16,056.00 | 71.68 | .137 | 314.82 | 9.85 |
| SPACE MAINTAINERS | 87 | 102 | 12,040.00 | 118.04 | .063 | 138.39 | 7.39 |
| MAXILLOFACIAL SERVICES | 23 | 22 | 1,162.08 | 52.82 | .013 | 50.53 | .71 |
| FRACTURES, DISLOCATIONS | 1 | 1 | .00 | .00 | .001 | .00 | .00 |
| ORTHODONTIC SERVICES | 375 | 427 | 37,546.64 | 87.93 | .262 | 100.12 | 23.03 |
| ALL OTHER SERVICES | 119 | 214 | 375.00 | 1.75 | .131 | 3.15 | .23 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | | | | | | |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES | | | | | | |

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01/29/04

| 1,630 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @OPTOMETRIST | 72 | 153 | \$ 4,030.47 | \$ 26.34 | .094 | \$ 55.98 | \$ 2.47 |
| DIAGNOSTIC AND ANC. PROCED | 56 | 57 | 2,490.34 | 43.69 | .035 | 44.47 | 1.53 |
| EYE APPLIANCES | 48 | 96 | 1,540.13 | 16.04 | .059 | 32.09 | .94 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 1 | 1 | \$ 55.64 | \$ 55.64 | .001 | \$ 55.64 | \$.03 |
| MEDICINE/INJECTIONS | 1 | 1 | 55.64 | 55.64 | .001 | 55.64 | .03 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HOME HEALTH AGENCY | 1 | 2 | \$ 104.99 | \$ 52.50 | .001 | \$ 104.99 | \$.06 |
| NURSE ANESTHESIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NURSE MIDWIFE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FAMILY NURSE PRACTITIONER | 1 | 2 | \$ 31.20 | \$ 15.60 | .001 | \$ 31.20 | \$.02 |
| @TOTAL HOSPITAL | 159 | 501 | \$ 29,735.78 | \$ 59.35 | .307 | \$ 187.02 | \$ 18.24 |
| HOSP INPATIENT TOTAL | 5 | 20 | 17,270.68 | 863.53 | .012 | 3454.14 | 10.60 |
| HSC HOSPITALS | 1 | 1 | 970.00 | 970.00 | .001 | 970.00 | .60 |
| NON-HSC HOSPITAL TOTAL | 4 | 19 | 16,300.68 | 857.93 | .012 | 4075.17 | 10.00 |
| ACCOMMODATIONS | 4 | 19 | 5,522.49 | 290.66 | .012 | 1380.62 | 3.39 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|-----------------------------|-----|-----|-----------|--------|------|---------|------|
| ALL OTHER ACCOM | 4 | 19 | 5,522.49 | 290.66 | .012 | 1380.62 | 3.39 |
| ANCILLARIES | 4 | 0 | 10,778.19 | .00 | .000 | 2694.55 | 6.61 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 154 | 481 | 12,465.10 | 25.91 | .295 | 80.94 | 7.65 |
| MEDICAL | 44 | 58 | 2,119.18 | 36.54 | .036 | 48.16 | 1.30 |
| SURGERY | 13 | 13 | 167.76 | 12.90 | .008 | 12.90 | .10 |
| PATHOLOGY | 44 | 166 | 2,013.11 | 12.13 | .102 | 45.75 | 1.24 |
| RADIOLOGY | 46 | 62 | 2,427.79 | 39.16 | .038 | 52.78 | 1.49 |
| ROOM USE | 106 | 125 | 4,682.51 | 37.46 | .077 | 44.17 | 2.87 |
| CROSSOVERS/ALL OTH OUTPTNT | 44 | 57 | 1,054.75 | 18.50 | .035 | 23.97 | .65 |
| @COUNTY HOSPITAL TOTAL | 28 | 76 | 2,564.00 | 33.74 | .047 | 91.57 | 1.57 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 28 | 76 | 2,564.00 | 33.74 | .047 | 91.57 | 1.57 |
| MEDICAL | 20 | 26 | 1,010.42 | 38.86 | .016 | 50.52 | .62 |
| SURGERY | 3 | 3 | 22.44 | 7.48 | .002 | 7.48 | .01 |
| PATHOLOGY | 4 | 5 | 28.18 | 5.64 | .003 | 7.05 | .02 |
| RADIOLOGY | 8 | 10 | 360.18 | 36.02 | .006 | 45.02 | .22 |
| ROOM USE | 23 | 28 | 987.83 | 35.28 | .017 | 42.95 | .61 |
| CROSSOVERS/ALL OTH OUTPTNT | 3 | 4 | 154.95 | 38.74 | .002 | 51.65 | .10 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,207
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

| 1,630 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | | |
|-----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 135 | 425 | \$ 27,171.78 | \$ 63.93 | .261 | \$ 201.27 | \$ 16.67 |
| COMM HOSP INPATIENT TOTAL | 5 | 20 | 17,270.68 | 863.53 | .012 | 3454.14 | 10.60 |
| HSC HOSPITALS | 1 | 1 | 970.00 | 970.00 | .001 | 970.00 | .60 |
| NON-HSC HOSPITALS TOTAL | 4 | 19 | 16,300.68 | 857.93 | .012 | 4075.17 | 10.00 |
| ACCOMMODATIONS | 4 | 19 | 5,522.49 | 290.66 | .012 | 1380.62 | 3.39 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 4 | 19 | 5,522.49 | 290.66 | .012 | 1380.62 | 3.39 |
| ANCILLARIES | 4 | 0 | 10,778.19 | .00 | .000 | 2694.55 | 6.61 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 130 | 405 | 9,901.10 | 24.45 | .248 | 76.16 | 6.07 |
| MEDICAL | 24 | 32 | 1,108.76 | 34.65 | .020 | 46.20 | .68 |
| SURGERY | 10 | 10 | 145.32 | 14.53 | .006 | 14.53 | .09 |
| PATHOLOGY | 41 | 161 | 1,984.93 | 12.33 | .099 | 48.41 | 1.22 |
| RADIOLOGY | 39 | 52 | 2,067.61 | 39.76 | .032 | 53.02 | 1.27 |
| ROOM USE | 86 | 97 | 3,694.68 | 38.09 | .060 | 42.96 | 2.27 |
| CROSSOVERS/ALL OTH OUTPTNT | 41 | 53 | 899.80 | 16.98 | .033 | 21.95 | .55 |
| @STATE HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

[illegible]

| 2,481 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | ----- MONTHLY AVERAGE ----- | | COST PER USER | COST PER ELIGIBLE |
|----------------------------|--------|-------------------------------------|------------------|------------------------------|-----------------------------|----|------------------|----------------------|
| | | | | | UNITS/DAYS PER ELIG | | | |
| @TOTAL, ALL PROVIDERS | 43,984 | 427,285 | \$ 10,460,382.44 | \$ 24.48 | 172.223 | \$ | 237.82 | \$ 4216.20 |
| @PHYSICIANS SERVICES | 409 | 879 | \$ 33,496.75 | \$ 38.11 | .354 | \$ | 81.90 | \$ 13.50 |
| OUTPATIENT VISITS | 271 | 350 | 15,001.14 | 42.86 | .141 | | 55.35 | 6.05 |
| OFFICE VISITS | 151 | 190 | 7,186.37 | 37.82 | .077 | | 47.59 | 2.90 |
| HOME VISITS | 3 | 3 | 143.42 | 47.81 | .001 | | 47.81 | .06 |
| EMERGENCY ROOM | 119 | 139 | 7,065.72 | 50.83 | .056 | | 59.38 | 2.85 |
| PREVENTIVE CARE | 4 | 4 | 230.27 | 57.57 | .002 | | 57.57 | .09 |
| OB VISITS/COMPRE PERI | 2 | 4 | 33.10 | 8.28 | .002 | | 16.55 | .01 |
| OTHER OUTPATIENT | 10 | 10 | 342.26 | 34.23 | .004 | | 34.23 | .14 |
| INPATIENT VISITS | 29 | 59 | 3,355.32 | 56.87 | .024 | | 115.70 | 1.35 |
| HOSPITAL VISITS | 14 | 29 | 1,554.08 | 53.59 | .012 | | 111.01 | .63 |
| CRITICAL CARE | 2 | 6 | 893.04 | 148.84 | .002 | | 446.52 | .36 |
| SNF/ICF/TRANS IP CARE | 14 | 24 | 908.20 | 37.84 | .010 | | 64.87 | .37 |
| OPHTHALMOLOGICAL SERVICES | 6 | 6 | 286.67 | 47.78 | .002 | | 47.78 | .12 |
| EXAMINATIONS | 6 | 6 | 286.67 | 47.78 | .002 | | 47.78 | .12 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 8 | 13 | 4,372.25 | 336.33 | .005 | | 546.53 | 1.76 |
| PRINCIPAL SURGEON | 6 | 6 | 3,965.69 | 660.95 | .002 | | 660.95 | 1.60 |
| ASSISTANT SURGEON | 1 | 1 | 186.50 | 186.50 | .000 | | 186.50 | .08 |
| ANESTHESIOLOGIST | 2 | 6 | 220.06 | 36.68 | .002 | | 110.03 | .09 |
| OUTPATIENT SURGERY | 17 | 35 | 2,004.12 | 57.26 | .014 | | 117.89 | .81 |
| PRINCIPAL SURGEON | 14 | 15 | 1,609.09 | 107.27 | .006 | | 114.94 | .65 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ANESTHESIOLOGIST | 4 | 20 | 395.03 | 19.75 | .008 | | 98.76 | .16 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| PATHOLOGY | 34 | 125 | 569.29 | 4.55 | .050 | | 16.74 | .23 |
| RADIOLOGY | 80 | 142 | 4,592.26 | 32.34 | .057 | | 57.40 | 1.85 |
| PSYCHIATRY | 1 | 7 | 269.24 | 38.46 | .003 | | 269.24 | .11 |
| IMMUNIZATION AND INJECTION | 4 | 5 | 35.73 | 7.15 | .002 | | 8.93 | .01 |
| OTHER SERVICES/ALL X-OVERS | 74 | 137 | 3,010.73 | 21.98 | .055 | | 40.69 | 1.21 |
| @PHARMACY | 2,170 | 86,530 | \$ 607,364.85 | \$ 7.02 | 34.877 | \$ | 279.89 | \$ 244.81 |
| PRESCRIPTION DRUGS | 1,939 | 4,615 | 568,890.46 | 123.27 | 1.860 | | 293.39 | 229.30 |
| SNF/ICF | 100 | 340 | 40,301.26 | 118.53 | .137 | | 403.01 | 16.24 |
| OUTPATIENTS | 1,856 | 4,275 | 528,589.20 | 123.65 | 1.723 | | 284.80 | 213.05 |
| MEDICAL SUPPLIES | 256 | 81,915 | 38,474.39 | .47 | 33.017 | | 150.29 | 15.51 |
| @DENTIST | 15,367 | 72,602 | \$ 2,471,449.06 | \$ 34.04 | 29.263 | \$ | 160.83 | \$ 996.15 |
| VISITS - DIAGNOSTIC | 10,414 | 46,833 | 602,572.02 | 12.87 | 18.877 | | 57.86 | 242.87 |
| ORAL SURGERY | 2,219 | 4,971 | 249,390.40 | 50.17 | 2.004 | | 112.39 | 100.52 |
| DRUGS | 946 | 1,225 | 29,159.40 | 23.80 | .494 | | 30.82 | 11.75 |
| ANESTHESIA | 227 | 235 | 19,189.00 | 81.66 | .095 | | 84.53 | 7.73 |
| PERIODONTICS | 575 | 655 | 88,131.75 | 134.55 | .264 | | 153.27 | 35.52 |
| ENDODONTICS | 1,218 | 1,949 | 282,149.40 | 144.77 | .786 | | 231.65 | 113.72 |
| RESTORATIVE DENTISTRY | 4,885 | 12,990 | 850,018.50 | 65.44 | 5.236 | | 174.01 | 342.61 |
| PROSTHETICS | 123 | 131 | 3,780.00 | 28.85 | .053 | | 30.73 | 1.52 |
| DENTURES, STAYPLATES | 825 | 2,495 | 285,938.33 | 114.60 | 1.006 | | 346.59 | 115.25 |
| SPACE MAINTAINERS | 97 | 112 | 13,110.00 | 117.05 | .045 | | 135.15 | 5.28 |
| MAXILLOFACIAL SERVICES | 38 | 40 | 2,618.62 | 65.47 | .016 | | 68.91 | 1.06 |
| FRACTURES, DISLOCATIONS | 1 | 1 | .00 | .00 | .000 | | .00 | .00 |
| ORTHODONTIC SERVICES | 450 | 519 | 44,941.64 | 86.59 | .209 | | 99.87 | 18.11 |
| ALL OTHER SERVICES | 283 | 446 | 450.00 | 1.01 | .180 | | 1.59 | .18 |

| | | | | | | | | |
|----------------------------|-------|-------------------------------------|----|--------------|------------------------------|------------------------|------------------|----------------------|
| 2,481 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @OPTOMETRIST | 133 | 301 | \$ | 7,291.77 | \$ 24.23 | .121 | \$ 54.83 | \$ 2.94 |
| DIAGNOSTIC AND ANC. PROCED | 95 | 92 | | 4,009.90 | 43.59 | .037 | 42.21 | 1.62 |
| EYE APPLIANCES | 93 | 208 | | 3,270.46 | 15.72 | .084 | 35.17 | 1.32 |
| OTHER OPTOMETRIC SERVICES | 1 | 1 | | 11.41 | 11.41 | .000 | 11.41 | .00 |
| @CHIROPRACTOR | 1 | 3 | \$ | 50.16 | \$ 16.72 | .001 | \$ 50.16 | \$.02 |
| VISITS | 1 | 3 | | 50.16 | 16.72 | .001 | 50.16 | .02 |
| OTHER SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 6 | 6 | \$ | 138.53 | \$ 23.09 | .002 | \$ 23.09 | \$.06 |
| MEDICINE/INJECTIONS | 2 | 2 | | 77.04 | 38.52 | .001 | 38.52 | .03 |
| SURGERY/ANES. | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER | 4 | 4 | | 61.49 | 15.37 | .002 | 15.37 | .02 |
| @HOME HEALTH AGENCY | 4 | 14 | \$ | 946.54 | \$ 67.61 | .006 | \$ 236.64 | \$.38 |
| NURSE ANESTHESIST | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |

| | | | | | | | | | | | |
|------------------------------|-----|-------|----|------------|----|---------|------|----|---------|----|-------|
| NURSE MIDWIFE | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 1 | 2 | \$ | 31.20 | \$ | 15.60 | .001 | \$ | 31.20 | \$ | .01 |
| @TOTAL HOSPITAL | 407 | 1,605 | \$ | 231,272.77 | \$ | 144.10 | .647 | \$ | 568.24 | \$ | 93.22 |
| HOSP INPATIENT TOTAL | 142 | 623 | | 207,434.13 | | 332.96 | .251 | | 1460.80 | | 83.61 |
| HSC HOSPITALS | 6 | 32 | | 28,916.00 | | 903.63 | .013 | | 4819.33 | | 11.65 |
| NON-HSC HOSPITAL TOTAL | 10 | 55 | | 76,624.94 | | 1393.18 | .022 | | 7662.49 | | 30.88 |
| ACCOMMODATIONS | 10 | 55 | | 37,188.34 | | 676.15 | .022 | | 3718.83 | | 14.99 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 10 | 55 | | 37,188.34 | | 676.15 | .022 | | 3718.83 | | 14.99 |
| ANCILLARIES | 10 | 0 | | 39,436.60 | | .00 | .000 | | 3943.66 | | 15.90 |
| INPATIENT CROSSOVERS | 126 | 536 | | 101,893.19 | | 190.10 | .216 | | 808.68 | | 41.07 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HOSP OUTPATIENT TOTAL | 266 | 982 | | 23,838.64 | | 24.28 | .396 | | 89.62 | | 9.61 |
| MEDICAL | 71 | 94 | | 3,136.70 | | 33.37 | .038 | | 44.18 | | 1.26 |
| SURGERY | 15 | 15 | | 261.72 | | 17.45 | .006 | | 17.45 | | .11 |
| PATHOLOGY | 77 | 318 | | 3,551.26 | | 11.17 | .128 | | 46.12 | | 1.43 |
| RADIOLOGY | 76 | 109 | | 5,528.08 | | 50.72 | .044 | | 72.74 | | 2.23 |
| ROOM USE | 163 | 201 | | 7,378.39 | | 36.71 | .081 | | 45.27 | | 2.97 |
| CROSSOVERS/ALL OTH OUTPTNT | 110 | 245 | | 3,982.49 | | 16.26 | .099 | | 36.20 | | 1.61 |
| @COUNTY HOSPITAL TOTAL | 42 | 134 | \$ | 3,764.53 | \$ | 28.09 | .054 | \$ | 89.63 | \$ | 1.52 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CO HOSP OUTPATIENT TOTAL | 42 | 134 | | 3,764.53 | | 28.09 | .054 | | 89.63 | | 1.52 |
| MEDICAL | 30 | 40 | | 1,329.47 | | 33.24 | .016 | | 44.32 | | .54 |
| SURGERY | 3 | 3 | | 22.44 | | 7.48 | .001 | | 7.48 | | .01 |
| PATHOLOGY | 8 | 20 | | 239.68 | | 11.98 | .008 | | 29.96 | | .10 |
| RADIOLOGY | 10 | 14 | | 480.60 | | 34.33 | .006 | | 48.06 | | .19 |
| ROOM USE | 33 | 42 | | 1,468.15 | | 34.96 | .017 | | 44.49 | | .59 |
| CROSSOVERS/ALL OTH OUTPTNT | 9 | 15 | | 224.19 | | 14.95 | .006 | | 24.91 | | .09 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,211
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL

| | 2,481 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|-----------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @COMMUNITY HOSPITAL TOTAL | 372 | 1,471 | \$ | 227,508.24 | \$ 154.66 | .593 | \$ 611.58 | \$ 91.70 |
| COMM HOSP INPATIENT TOTAL | 142 | 623 | | 207,434.13 | 332.96 | .251 | 1460.80 | 83.61 |
| HSC HOSPITALS | 6 | 32 | | 28,916.00 | 903.63 | .013 | 4819.33 | 11.65 |
| NON-HSC HOSPITALS TOTAL | 10 | 55 | | 76,624.94 | 1393.18 | .022 | 7662.49 | 30.88 |
| ACCOMMODATIONS | 10 | 55 | | 37,188.34 | 676.15 | .022 | 3718.83 | 14.99 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 10 | 55 | | 37,188.34 | 676.15 | .022 | 3718.83 | 14.99 |
| ANCILLARIES | 10 | 0 | | 39,436.60 | .00 | .000 | 3943.66 | 15.90 |
| INPATIENT CROSSOVERS | 126 | 536 | | 101,893.19 | 190.10 | .216 | 808.68 | 41.07 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 231 | 848 | | 20,074.11 | 23.67 | .342 | 86.90 | 8.09 |
| MEDICAL | 42 | 54 | | 1,807.23 | 33.47 | .022 | 43.03 | .73 |
| SURGERY | 12 | 12 | | 239.28 | 19.94 | .005 | 19.94 | .10 |
| PATHOLOGY | 70 | 298 | | 3,311.58 | 11.11 | .120 | 47.31 | 1.33 |

| | | | | | | | | |
|------------------------------|--------|--------|----|--------------|-----------|--------|-------------|------------|
| RADIOLOGY | 67 | 95 | | 5,047.48 | 53.13 | .038 | 75.34 | 2.03 |
| ROOM USE | 135 | 159 | | 5,910.24 | 37.17 | .064 | 43.78 | 2.38 |
| CROSSOVERS/ALL OTH OUTPTNT | 101 | 230 | | 3,758.30 | 16.34 | .093 | 37.21 | 1.51 |
| @STATE HOSPITAL | 2 | 57 | \$ | 40,598.82 | \$ 712.26 | .023 | \$ 20299.41 | \$ 16.36 |
| MENTALLY ILL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 2 | 57 | | 40,598.82 | 712.26 | .023 | 20299.41 | 16.36 |
| @NURSING FACILITY | 14 | 260 | \$ | 42,648.78 | \$ 164.03 | .105 | \$ 3046.34 | \$ 17.19 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 1 | 31 | | 17,982.17 | 580.07 | .012 | 17982.17 | 7.25 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 13 | 229 | | 24,666.61 | 107.71 | .092 | 1897.43 | 9.94 |
| @INTERMEDIATE CARE FACIL.-DD | 9 | 167 | \$ | 25,990.42 | \$ 155.63 | .067 | \$ 2887.82 | \$ 10.48 |
| ICF DDH | 5 | 84 | | 12,530.28 | 149.17 | .034 | 2506.06 | 5.05 |
| ICF DD | 1 | 31 | | 3,994.66 | 128.86 | .012 | 3994.66 | 1.61 |
| ICF DDN/DDCN | 3 | 52 | | 9,465.48 | 182.03 | .021 | 3155.16 | 3.82 |
| @HEMODIALYSIS TOTAL | 1 | 1 | \$ | 424.26 | \$ 424.26 | .000 | \$ 424.26 | \$.17 |
| HOSPITAL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 1 | 1 | | 424.26 | 424.26 | .000 | 424.26 | .17 |
| @REHABILITATION FACILITY | 10 | 86 | \$ | 1,366.91 | \$ 15.89 | .035 | \$ 136.69 | \$.55 |
| HOSPITAL BASED | 5 | 35 | | 807.66 | 23.08 | .014 | 161.53 | .33 |
| INDEPENDENT FACILITY | 5 | 51 | | 559.25 | 10.97 | .021 | 111.85 | .23 |
| @LABORATORY FACILITY | 194 | 869 | \$ | 11,092.74 | \$ 12.76 | .350 | \$ 57.18 | \$ 4.47 |
| PATHOLOGY | 194 | 869 | | 11,092.74 | 12.76 | .350 | 57.18 | 4.47 |
| XO AND OTHERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 22,392 | 31,097 | \$ | 5,250,874.75 | \$ 168.85 | 12.534 | \$ 234.50 | \$ 2116.43 |
| CLINIC | 49 | 180 | | 5,053.73 | 28.08 | .073 | 103.14 | 2.04 |
| SURGICENTER | 1 | 1 | | 66.33 | 66.33 | .000 | 66.33 | .03 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 22,346 | 30,916 | | 5,245,754.69 | 169.68 | 12.461 | 234.75 | 2114.37 |
| #CALIF DEPT OF HEALTH SERV | | | | | | | | |
| MOP024 | | | | | | | | |
| SANTA BARBARA COUN | | | | | | | | |

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL

| | 2,481 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|-----------------|-------|-------------------------------------|-----------------|------------------------------|---|------------------|----------------------|
| @ALL OTHER PROVIDERS | 6,621 | | 232,806 | \$ 1,735,344.13 | \$ 7.45 | 93.836 | \$ 262.10 | \$ 699.45 |
| DURABLE MED. EQUIP. | 4 | | 16 | 2,625.38 | 164.09 | .006 | 656.35 | 1.06 |
| BLOOD BANK | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 2 | | 2 | 58.14 | 29.07 | .001 | 29.07 | .02 |
| MEDICAL TRANSPORTATION | 61 | | 658 | 6,904.77 | 10.49 | .265 | 113.19 | 2.78 |
| AMBULANCES/AIR TRANS | 53 | | 477 | 6,238.41 | 13.08 | .192 | 117.71 | 2.51 |
| OTHER TRANS | 7 | | 174 | 576.72 | 3.31 | .070 | 82.39 | .23 |
| OTHER SERVICES | 1 | | 7 | 89.64 | 12.81 | .003 | 89.64 | .04 |
| ACUPUNCTURE | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 356 | | 6,065 | 418,821.26 | 69.06 | 2.445 | 1176.46 | 168.81 |
| GENETIC DISEASE TESTING | 164 | | 164 | 17,001.00 | 103.66 | .066 | 103.66 | 6.85 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 2,392 | | 23,720 | 992,549.13 | 41.84 | 9.561 | 414.95 | 400.06 |
| OCCUPATIONAL THERAPIST | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 41 | | 114 | 2,295.26 | 20.13 | .046 | 55.98 | .93 |
| PHYSICAL THERAPIST | 2 | | 19 | 197.95 | 10.42 | .008 | 98.98 | .08 |
| PORTABLE X-RAY | 1 | | 3 | 81.00 | 27.00 | .001 | 81.00 | .03 |
| PROSTHETIST/ORTHOTISTS | 3 | | 6 | 772.37 | 128.73 | .002 | 257.46 | .31 |
| PROSTHETICS | 1 | | 1 | 21.30 | 21.30 | .000 | 21.30 | .01 |
| ORTHOTICS | 2 | | 5 | 751.07 | 150.21 | .002 | 375.54 | .30 |
| PSYCHOLOGIST | 54 | | 364 | 11,294.44 | 31.03 | .147 | 209.16 | 4.55 |
| SPEECH AND AUDIOLOGY | 10 | | 77 | 2,324.51 | 30.19 | .031 | 232.45 | .94 |
| HOSPICE SERVICES | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|-------------------------------|-------|---------|---------------|-----------|--------|-----------|----------|
| LOCAL EDUCATION AGENCIES | 3,417 | 28,566 | 248,196.05 | 8.69 | 11.514 | 72.64 | 100.04 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 159 | 173,032 | 32,222.87 | .19 | 69.743 | 202.66 | 12.99 |
| @CALIF. CHILDREN SERVICES* | 39 | 829 | \$ 10,187.67 | \$ 12.29 | .334 | \$ 261.22 | \$ 4.11 |
| @XOVER EXCLUDING STATE HOSP** | 207 | 318 | \$ 108,299.76 | \$ 340.57 | .128 | \$ 523.19 | \$ 43.65 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,213
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 SANTA BARBARA COUN SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X

| 885 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|-------|-------------------------------------|-----------------|------------------------------|------------------------|------------------|----------------------|
| @TOTAL, ALL PROVIDERS | 2,025 | 33,737 | \$ 1,079,216.96 | \$ 31.99 | 38.121 | \$ 532.95 | \$ 1219.45 |
| @PHYSICIANS SERVICES | 141 | 615 | \$ 25,594.82 | \$ 41.62 | .695 | \$ 181.52 | \$ 28.92 |
| OUTPATIENT VISITS | 55 | 66 | 5,672.47 | 85.95 | .075 | 103.14 | 6.41 |
| OFFICE VISITS | 2 | 3 | 85.50 | 28.50 | .003 | 42.75 | .10 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 52 | 62 | 5,520.81 | 89.05 | .070 | 106.17 | 6.24 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 1 | 1 | 66.16 | 66.16 | .001 | 66.16 | .07 |
| INPATIENT VISITS | 26 | 138 | 6,431.36 | 46.60 | .156 | 247.36 | 7.27 |
| HOSPITAL VISITS | 26 | 133 | 5,886.06 | 44.26 | .150 | 226.39 | 6.65 |
| CRITICAL CARE | 4 | 5 | 545.30 | 109.06 | .006 | 136.33 | .62 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 14 | 82 | 3,269.44 | 39.87 | .093 | 233.53 | 3.69 |
| PRINCIPAL SURGEON | 6 | 10 | 1,615.58 | 161.56 | .011 | 269.26 | 1.83 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 8 | 72 | 1,653.86 | 22.97 | .081 | 206.73 | 1.87 |
| OUTPATIENT SURGERY | 4 | 4 | 373.99 | 93.50 | .005 | 93.50 | .42 |
| PRINCIPAL SURGEON | 4 | 4 | 373.99 | 93.50 | .005 | 93.50 | .42 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 2 | 3 | 675.12 | 225.04 | .003 | 337.56 | .76 |
| PATHOLOGY | 15 | 28 | 1,309.28 | 46.76 | .032 | 87.29 | 1.48 |
| RADIOLOGY | 52 | 174 | 4,472.57 | 25.70 | .197 | 86.01 | 5.05 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 56 | 120 | 3,390.59 | 28.25 | .136 | 60.55 | 3.83 |
| @PHARMACY | 159 | 9,376 | \$ 27,472.43 | \$ 2.93 | 10.594 | \$ 172.78 | \$ 31.04 |
| PRESCRIPTION DRUGS | 145 | 423 | 25,414.44 | 60.08 | .478 | 175.27 | 28.72 |
| SNF/ICF | 4 | 14 | 377.21 | 26.94 | .016 | 94.30 | .43 |
| OUTPATIENTS | 142 | 409 | 25,037.23 | 61.22 | .462 | 176.32 | 28.29 |
| MEDICAL SUPPLIES | 16 | 8,953 | 2,057.99 | .23 | 10.116 | 128.62 | 2.33 |
| @DENTIST | 586 | 2,524 | \$ 117,879.00 | \$ 46.70 | 2.852 | \$ 201.16 | \$ 133.20 |
| VISITS - DIAGNOSTIC | 345 | 1,400 | 17,639.00 | 12.60 | 1.582 | 51.13 | 19.93 |
| ORAL SURGERY | 106 | 375 | 16,010.00 | 42.69 | .424 | 151.04 | 18.09 |
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 6 | 7 | 300.00 | 42.86 | .008 | 50.00 | .34 |
| PERIODONTICS | 39 | 41 | 5,979.00 | 145.83 | .046 | 153.31 | 6.76 |
| ENDODONTICS | 20 | 27 | 6,550.00 | 242.59 | .031 | 327.50 | 7.40 |
| RESTORATIVE DENTISTRY | 132 | 362 | 26,923.00 | 74.37 | .409 | 203.96 | 30.42 |
| PROSTHETICS | 4 | 4 | 140.00 | 35.00 | .005 | 35.00 | .16 |

| | | | | | | | |
|-------------------------|-----|-----|-----------|--------|------|--------|-------|
| DENTURES, STAYPLATES | 118 | 281 | 44,338.00 | 157.79 | .318 | 375.75 | 50.10 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 1 | 2 | .00 | .00 | .002 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 15 | 25 | .00 | .00 | .028 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,214
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X

| 885 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|------------------------------|-------|-------------------------------------|---------------|------------------------------|------------------------|------------------|----------------------|
| @OPTOMETRIST | 4 | 13 | \$ 172.27 | \$ 13.25 | .015 | \$ 43.07 | \$.19 |
| DIAGNOSTIC AND ANC. PROCED | 1 | 1 | 35.59 | 35.59 | .001 | 35.59 | .04 |
| EYE APPLIANCES | 2 | 6 | 122.94 | 20.49 | .007 | 61.47 | .14 |
| OTHER OPTOMETRIC SERVICES | 1 | 6 | 13.74 | 2.29 | .007 | 13.74 | .02 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HOME HEALTH AGENCY | 1 | 1 | \$ 74.86 | \$ 74.86 | .001 | \$ 74.86 | \$.08 |
| NURSE ANESTHESIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NURSE MIDWIFE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @TOTAL HOSPITAL | 94 | 626 | \$ 541,117.94 | \$ 864.41 | .707 | \$ 5756.57 | \$ 611.43 |
| HOSP INPATIENT TOTAL | 44 | 242 | 533,014.39 | 2202.54 | .273 | 12113.96 | 602.28 |
| HSC HOSPITALS | 1 | 1 | 1,195.00 | 1195.00 | .001 | 1195.00 | 1.35 |
| NON-HSC HOSPITAL TOTAL | 35 | 239 | 527,883.87 | 2208.72 | .270 | 15082.40 | 596.48 |
| ACCOMMODATIONS | 35 | 239 | 149,345.62 | 624.88 | .270 | 4267.02 | 168.75 |
| ADMINISTRATIVE DAYS | 2 | 8 | 1,098.68 | 137.34 | .009 | 549.34 | 1.24 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 33 | 231 | 148,246.94 | 641.76 | .261 | 4492.33 | 167.51 |
| ANCILLARIES | 35 | 0 | 378,538.25 | .00 | .000 | 10815.38 | 427.73 |
| INPATIENT CROSSOVERS | 8 | 2 | 3,935.52 | 1967.76 | .002 | 491.94 | 4.45 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 53 | 384 | 8,103.55 | 21.10 | .434 | 152.90 | 9.16 |
| MEDICAL | 14 | 18 | 801.34 | 44.52 | .020 | 57.24 | .91 |
| SURGERY | 1 | 1 | 10.75 | 10.75 | .001 | 10.75 | .01 |
| PATHOLOGY | 33 | 185 | 1,731.51 | 9.36 | .209 | 52.47 | 1.96 |
| RADIOLOGY | 31 | 49 | 3,497.79 | 71.38 | .055 | 112.83 | 3.95 |
| ROOM USE | 25 | 28 | 993.41 | 35.48 | .032 | 39.74 | 1.12 |
| CROSSOVERS/ALL OTH OUTPTNT | 32 | 103 | 1,068.75 | 10.38 | .116 | 33.40 | 1.21 |
| @COUNTY HOSPITAL TOTAL | 2 | 2 | \$ 1,266.37 | \$ 633.19 | .002 | \$ 633.19 | \$ 1.43 |
| CO HOSPITAL INPATIENT TOTAL | 1 | 1 | 1,195.00 | 1195.00 | .001 | 1195.00 | 1.35 |
| HSC HOSPITALS | 1 | 1 | 1,195.00 | 1195.00 | .001 | 1195.00 | 1.35 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 1 | 1 | 71.37 | 71.37 | .001 | 71.37 | .08 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|-----------------------------|---|---|-------|-------|------|-------|-----|
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSTOVERS/ALL OTH OUTPTNT | 1 | 1 | 71.37 | 71.37 | .001 | 71.37 | .08 |

#CALIF DEPT OF HEALTH SERV MEDICAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,215
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X

| 885 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|---------------------------|-------|-------------------------------------|---------------|------------------------------|------------------------|------------------|----------------------|
| @COMMUNITY HOSPITAL TOTAL | 92 | 624 | \$ 539,851.57 | \$ 865.15 | .705 | \$ 5867.95 | \$ 610.00 |
| COMM HOSP INPATIENT TOTAL | 43 | 241 | 531,819.39 | 2206.72 | .272 | 12367.89 | 600.93 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 35 | 239 | 527,883.87 | 2208.72 | .270 | 15082.40 | 596.48 |
| ACCOMMODATIONS | 35 | 239 | 149,345.62 | 624.88 | .270 | 4267.02 | 168.75 |

| | | | | | | | | |
|------------------------------|-------|-------|----|------------|-----------|-------|------------|-----------|
| ADMINISTRATIVE DAYS | 2 | 8 | | 1,098.68 | 137.34 | .009 | 549.34 | 1.24 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 33 | 231 | | 148,246.94 | 641.76 | .261 | 4492.33 | 167.51 |
| ANCILLARIES | 35 | 0 | | 378,538.25 | .00 | .000 | 10815.38 | 427.73 |
| INPATIENT CROSSOVERS | 8 | 2 | | 3,935.52 | 1967.76 | .002 | 491.94 | 4.45 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 52 | 383 | | 8,032.18 | 20.97 | .433 | 154.47 | 9.08 |
| MEDICAL | 14 | 18 | | 801.34 | 44.52 | .020 | 57.24 | .91 |
| SURGERY | 1 | 1 | | 10.75 | 10.75 | .001 | 10.75 | .01 |
| PATHOLOGY | 33 | 185 | | 1,731.51 | 9.36 | .209 | 52.47 | 1.96 |
| RADIOLOGY | 31 | 49 | | 3,497.79 | 71.38 | .055 | 112.83 | 3.95 |
| ROOM USE | 25 | 28 | | 993.41 | 35.48 | .032 | 39.74 | 1.12 |
| CROSSOVERS/ALL OTH OUTPTNT | 31 | 102 | | 997.38 | 9.78 | .115 | 32.17 | 1.13 |
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 4 | 17 | \$ | 2,930.87 | \$ 172.40 | .019 | \$ 732.72 | \$ 3.31 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 4 | 17 | | 2,930.87 | 172.40 | .019 | 732.72 | 3.31 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 6 | 460 | \$ | 13,988.66 | \$ 30.41 | .520 | \$ 2331.44 | \$ 15.81 |
| HOSPITAL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 6 | 460 | | 13,988.66 | 30.41 | .520 | 2331.44 | 15.81 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 10 | 186 | \$ | 1,246.12 | \$ 6.70 | .210 | \$ 124.61 | \$ 1.41 |
| PATHOLOGY | 10 | 186 | | 1,246.12 | 6.70 | .210 | 124.61 | 1.41 |
| XO AND OTHERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 1,074 | 1,496 | \$ | 254,536.19 | \$ 170.14 | 1.690 | \$ 237.00 | \$ 287.61 |
| CLINIC | 2 | 9 | | 823.83 | 91.54 | .010 | 411.92 | .93 |
| SURGICENTER | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 1,072 | 1,487 | | 253,712.36 | 170.62 | 1.680 | 236.67 | 286.68 |

#CALIF DEPT OF HEALTH SERV MOP024
 SANTA BARBARA COUN

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

PAGE 13,216

FEE-FOR-SERVICE/DENTAL

01/29/04

SUMMARY OF SERVICES FOR MN - NO SOC - AGED

AID CODE 14 1H 1U 1X

| 885 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | MONTHLY AVERAGE | | | |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @ALL OTHER PROVIDERS | 159 | 18,423 | \$ 94,203.80 | \$ 5.11 | 20.817 | \$ 592.48 | \$ 106.44 |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 29 | 212 | 2,914.01 | 13.75 | .240 | 100.48 | 3.29 |
| AMBULANCES/AIR TRANS | 29 | 212 | 2,914.01 | 13.75 | .240 | 100.48 | 3.29 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 70 | 1,124 | 77,420.61 | 68.88 | 1.270 | 1106.01 | 87.48 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 43 | 151 | 11,566.85 | 76.60 | .171 | 269.00 | 13.07 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|-------------------------------|----|--------|-------------|----------|--------|-----------|---------|
| OPTICIAN | 2 | 6 | 135.79 | 22.63 | .007 | 67.90 | .15 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 16 | 16,930 | 2,166.54 | .13 | 19.130 | 135.41 | 2.45 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 26 | 102 | \$ 5,707.90 | \$ 55.96 | .115 | \$ 219.53 | \$ 6.45 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| | | |
|----------------------------|---|-------------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | PAGE 13,217 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | 01/29/04 |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR MN - NO SOC - BLIND | AID CODE 24 |

| 04 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE | | COST PER ELIGIBLE |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| | | | | | UNITS/DAYS PER ELIG | COST PER USER | |
| @TOTAL, ALL PROVIDERS | 18 | 61 | \$ 3,652.35 | \$ 59.87 | 15.250 | \$ 202.91 | \$ 913.09 |
| @PHYSICIANS SERVICES | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| OUTPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OFFICE VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PHARMACY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| PRESCRIPTION DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | | | | | |
|-------------------------|---|----|----|--------|----|-------|--|-------|----|-------|----|-------|
| MEDICAL SUPPLIES | 0 | 0 | | .00 | | .00 | | .000 | | .00 | | .00 |
| @DENTIST | 3 | 21 | \$ | 250.00 | \$ | 11.90 | | 5.250 | \$ | 83.33 | \$ | 62.50 |
| VISITS - DIAGNOSTIC | 3 | 21 | | 250.00 | | 11.90 | | 5.250 | | 83.33 | | 62.50 |
| ORAL SURGERY | 0 | 0 | | .00 | | .00 | | .000 | | .00 | | .00 |
| DRUGS | 0 | 0 | | .00 | | .00 | | .000 | | .00 | | .00 |
| ANESTHESIA | 0 | 0 | | .00 | | .00 | | .000 | | .00 | | .00 |
| PERIODONTICS | 0 | 0 | | .00 | | .00 | | .000 | | .00 | | .00 |
| ENDODONTICS | 0 | 0 | | .00 | | .00 | | .000 | | .00 | | .00 |
| RESTORATIVE DENTISTRY | 0 | 0 | | .00 | | .00 | | .000 | | .00 | | .00 |
| PROSTHETICS | 0 | 0 | | .00 | | .00 | | .000 | | .00 | | .00 |
| DENTURES, STAYPLATES | 0 | 0 | | .00 | | .00 | | .000 | | .00 | | .00 |
| SPACE MAINTAINERS | 0 | 0 | | .00 | | .00 | | .000 | | .00 | | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | | .00 | | .00 | | .000 | | .00 | | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | | .00 | | .000 | | .00 | | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | | .00 | | .00 | | .000 | | .00 | | .00 |
| ALL OTHER SERVICES | 0 | 0 | | .00 | | .00 | | .000 | | .00 | | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,218
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

| 04 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE | | |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| | | | | | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @OPTOMETRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EYE APPLIANCES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE ANESTHESIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE MIDWIFE | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @TOTAL HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|----------------------------|---|---|-----|-----|------|-----|-----|
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MOP024
 SANTA BARBARA COUN

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR MN - NO SOC - BLIND

AID CODE 24

PAGE 13,219
 01/29/04

| 04 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @COMMUNITY HOSPITAL TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| COMM HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @STATE HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INDEPENDENT FACILITY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |

| | | | | | | | | | |
|------------------------------|---|------------------|----|--------------|--------------|------------|-----------------------------|-----------|-------------|
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| XO AND OTHERS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 13 | 28 | \$ | 3,257.70 | \$ | 116.35 | 7.000 | \$ 250.59 | \$ 814.43 |
| CLINIC | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 13 | 28 | | 3,257.70 | | 116.35 | 7.000 | 250.59 | 814.43 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | | | | | | | | PAGE 13,220 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | | 01/29/04 |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR MN - NO SOC - BLIND | | | | | | | | AID CODE 24 |
| | | | | | | | ----- MONTHLY AVERAGE ----- | | |
| 04 ELIGIBLES | USERS | UNITS OF SERVICE | | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER | |
| | | OR DAYS OF CARE | | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE | |
| @ALL OTHER PROVIDERS | 3 | 12 | \$ | 144.65 | \$ 12.05 | 3.000 | \$ 48.22 | \$ 36.16 | |
| DURABLE MED. EQUIP. | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| BLOOD BANK | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |

| | | | | | | | |
|-------------------------------|---|----|--------|-------|-------|-------|-------|
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 2 | 11 | 127.14 | 11.56 | 2.750 | 63.57 | 31.79 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 1 | 1 | 17.51 | 17.51 | .250 | 17.51 | 4.38 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @XOVER EXCLUDING STATE HOSP** | 1 | 1 | 17.51 | 17.51 | .250 | 17.51 | 4.38 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| | | |
|----------------------------|---|-------------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | PAGE 13,221 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | 01/29/04 |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G | |

| 863 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|-------|-------------------------------------|-----------------|------------------------------|---|------------------|----------------------|
| @TOTAL, ALL PROVIDERS | 2,720 | 12,624 | \$ 1,123,600.83 | \$ 89.01 | 14.628 | \$ 413.09 | \$ 1301.97 |
| @PHYSICIANS SERVICES | 139 | 683 | \$ 22,176.02 | \$ 32.47 | .791 | \$ 159.54 | \$ 25.70 |
| OUTPATIENT VISITS | 21 | 37 | 1,921.03 | 51.92 | .043 | 91.48 | 2.23 |
| OFFICE VISITS | 10 | 20 | 775.30 | 38.77 | .023 | 77.53 | .90 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 12 | 16 | 1,099.97 | 68.75 | .019 | 91.66 | 1.27 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 1 | 1 | 45.76 | 45.76 | .001 | 45.76 | .05 |
| INPATIENT VISITS | 7 | 16 | 710.05 | 44.38 | .019 | 101.44 | .82 |
| HOSPITAL VISITS | 4 | 13 | 616.35 | 47.41 | .015 | 154.09 | .71 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 3 | 3 | 93.70 | 31.23 | .003 | 31.23 | .11 |
| OPHTHALMOLOGICAL SERVICES | 1 | 1 | 46.44 | 46.44 | .001 | 46.44 | .05 |
| EXAMINATIONS | 1 | 1 | 46.44 | 46.44 | .001 | 46.44 | .05 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 5 | 25 | 2,127.85 | 85.11 | .029 | 425.57 | 2.47 |
| PRINCIPAL SURGEON | 2 | 2 | 1,577.81 | 788.91 | .002 | 788.91 | 1.83 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 3 | 23 | 550.04 | 23.91 | .027 | 183.35 | .64 |
| OUTPATIENT SURGERY | 5 | 11 | 614.29 | 55.84 | .013 | 122.86 | .71 |
| PRINCIPAL SURGEON | 4 | 5 | 454.30 | 90.86 | .006 | 113.58 | .53 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 1 | 6 | 159.99 | 26.67 | .007 | 159.99 | .19 |

| | | | | | | | |
|----------------------------|--|-------|---------------|----------|-------|-----------|-----------|
| DIALYSIS | 8 | 11 | 2,475.44 | 225.04 | .013 | 309.43 | 2.87 |
| PATHOLOGY | 5 | 14 | 508.67 | 36.33 | .016 | 101.73 | .59 |
| RADIOLOGY | 26 | 102 | 5,032.39 | 49.34 | .118 | 193.55 | 5.83 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 1 | 20 | 190.00 | 9.50 | .023 | 190.00 | .22 |
| OTHER SERVICES/ALL X-OVERS | 91 | 446 | 8,549.86 | 19.17 | .517 | 93.95 | 9.91 |
| @PHARMACY | 494 | 2,911 | \$ 208,377.79 | \$ 71.58 | 3.373 | \$ 421.82 | \$ 241.46 |
| PRESCRIPTION DRUGS | 483 | 1,916 | 207,461.18 | 108.28 | 2.220 | 429.53 | 240.40 |
| SNF/ICF | 31 | 246 | 27,897.86 | 113.41 | .285 | 899.93 | 32.33 |
| OUTPATIENTS | 461 | 1,670 | 179,563.32 | 107.52 | 1.935 | 389.51 | 208.07 |
| MEDICAL SUPPLIES | 18 | 995 | 916.61 | .92 | 1.153 | 50.92 | 1.06 |
| @DENTIST | 778 | 3,392 | \$ 129,765.75 | \$ 38.26 | 3.930 | \$ 166.79 | \$ 150.37 |
| VISITS - DIAGNOSTIC | 525 | 2,216 | 26,466.25 | 11.94 | 2.568 | 50.41 | 30.67 |
| ORAL SURGERY | 123 | 251 | 11,417.25 | 45.49 | .291 | 92.82 | 13.23 |
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 5 | 5 | 145.00 | 29.00 | .006 | 29.00 | .17 |
| PERIODONTICS | 52 | 63 | 7,947.00 | 126.14 | .073 | 152.83 | 9.21 |
| ENDODONTICS | 37 | 48 | 10,815.00 | 225.31 | .056 | 292.30 | 12.53 |
| RESTORATIVE DENTISTRY | 218 | 567 | 51,877.25 | 91.49 | .657 | 237.97 | 60.11 |
| PROSTHETICS | 17 | 18 | 450.00 | 25.00 | .021 | 26.47 | .52 |
| DENTURES, STAYPLATES | 58 | 186 | 17,523.00 | 94.21 | .216 | 302.12 | 20.30 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 1 | 1 | .00 | .00 | .001 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 1 | 4 | 3,125.00 | 781.25 | .005 | 3125.00 | 3.62 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 10 | 33 | .00 | .00 | .038 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN THRU DEC 2003 | | | | | | |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G | | | | | | |

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01/29/04

| 863 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | ----- MONTHLY AVERAGE ----- | | | |
|------------------------------|-------|-------------------------------------|---------------|------------------------------|-----------------------------|------------------|----------------------|--|
| | | | | | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE | |
| @OPTOMETRIST | 12 | 28 | \$ 691.83 | \$ 24.71 | .032 | \$ 57.65 | \$.80 | |
| DIAGNOSTIC AND ANC. PROCED | 8 | 6 | 232.89 | 38.82 | .007 | 29.11 | .27 | |
| EYE APPLIANCES | 10 | 22 | 458.94 | 20.86 | .025 | 45.89 | .53 | |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 | |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| @PODIATRIST | 17 | 27 | \$ 308.21 | \$ 11.42 | .031 | \$ 18.13 | \$.36 | |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| OTHER | 17 | 27 | 308.21 | 11.42 | .031 | 18.13 | .36 | |
| @HOME HEALTH AGENCY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 | |
| NURSE ANESTHESIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| NURSE MIDWIFE | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| FAMILY NURSE PRACTITIONER | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| @TOTAL HOSPITAL | 102 | 536 | \$ 287,168.77 | \$ 535.76 | .621 | \$ 2815.38 | \$ 332.76 | |
| HOSP INPATIENT TOTAL | 55 | 209 | 278,222.76 | 1331.21 | .242 | 5058.60 | 322.39 | |
| HSC HOSPITALS | 2 | 39 | 52,800.00 | 1353.85 | .045 | 26400.00 | 61.18 | |
| NON-HSC HOSPITAL TOTAL | 20 | 91 | 204,355.64 | 2245.67 | .105 | 10217.78 | 236.80 | |
| ACCOMMODATIONS | 20 | 91 | 44,873.87 | 493.12 | .105 | 2243.69 | 52.00 | |
| ADMINISTRATIVE DAYS | 2 | 4 | 925.20 | 231.30 | .005 | 462.60 | 1.07 | |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ALL OTHER ACCOM | 18 | 87 | 43,948.67 | 505.16 | .101 | 2441.59 | 50.93 | |
| ANCILLARIES | 20 | 0 | 159,481.77 | .00 | .000 | 7974.09 | 184.80 | |
| INPATIENT CROSSOVERS | 33 | 79 | 21,067.12 | 266.67 | .092 | 638.40 | 24.41 | |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |

| | | | | | | | | |
|-----------------------------|---|-----|----|----------|----------|------|----------|--------|
| HOSP OUTPATIENT TOTAL | 50 | 327 | | 8,946.01 | 27.36 | .379 | 178.92 | 10.37 |
| MEDICAL | 12 | 13 | | 470.16 | 36.17 | .015 | 39.18 | .54 |
| SURGERY | 2 | 2 | | 113.53 | 56.77 | .002 | 56.77 | .13 |
| PATHOLOGY | 18 | 132 | | 1,257.59 | 9.53 | .153 | 69.87 | 1.46 |
| RADIOLOGY | 19 | 30 | | 2,858.66 | 95.29 | .035 | 150.46 | 3.31 |
| ROOM USE | 16 | 22 | | 797.08 | 36.23 | .025 | 49.82 | .92 |
| CROSSOVERS/ALL OTH OUTPTNT | 31 | 128 | | 3,448.99 | 26.95 | .148 | 111.26 | 4.00 |
| @COUNTY HOSPITAL TOTAL | 1 | 2 | \$ | 57.99 | \$ 29.00 | .002 | \$ 57.99 | \$.07 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 1 | 2 | | 57.99 | 29.00 | .002 | 57.99 | .07 |
| MEDICAL | 1 | 1 | | 27.99 | 27.99 | .001 | 27.99 | .03 |
| SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 1 | 1 | | 30.00 | 30.00 | .001 | 30.00 | .03 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | | | | | | | |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G | | | | | | | |

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| 863 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | | |
|------------------------------|-------|-------------------------------------|---------------|------------------------------|------------------------|------------------|----------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 101 | 534 | \$ 287,110.78 | \$ 537.66 | .619 | \$ 2842.68 | \$ 332.69 |
| COMM HOSP INPATIENT TOTAL | 55 | 209 | 278,222.76 | 1331.21 | .242 | 5058.60 | 322.39 |
| HSC HOSPITALS | 2 | 39 | 52,800.00 | 1353.85 | .045 | 26400.00 | 61.18 |
| NON-HSC HOSPITALS TOTAL | 20 | 91 | 204,355.64 | 2245.67 | .105 | 10217.78 | 236.80 |
| ACCOMMODATIONS | 20 | 91 | 44,873.87 | 493.12 | .105 | 2243.69 | 52.00 |
| ADMINISTRATIVE DAYS | 2 | 4 | 925.20 | 231.30 | .005 | 462.60 | 1.07 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 18 | 87 | 43,948.67 | 505.16 | .101 | 2441.59 | 50.93 |
| ANCILLARIES | 20 | 0 | 159,481.77 | .00 | .000 | 7974.09 | 184.80 |
| INPATIENT CROSSOVERS | 33 | 79 | 21,067.12 | 266.67 | .092 | 638.40 | 24.41 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 49 | 325 | 8,888.02 | 27.35 | .377 | 181.39 | 10.30 |
| MEDICAL | 11 | 12 | 442.17 | 36.85 | .014 | 40.20 | .51 |
| SURGERY | 2 | 2 | 113.53 | 56.77 | .002 | 56.77 | .13 |
| PATHOLOGY | 18 | 132 | 1,257.59 | 9.53 | .153 | 69.87 | 1.46 |
| RADIOLOGY | 19 | 30 | 2,858.66 | 95.29 | .035 | 150.46 | 3.31 |
| ROOM USE | 15 | 21 | 767.08 | 36.53 | .024 | 51.14 | .89 |
| CROSSOVERS/ALL OTH OUTPTNT | 31 | 128 | 3,448.99 | 26.95 | .148 | 111.26 | 4.00 |
| @STATE HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 3 | 170 | \$ 20,083.06 | \$ 118.14 | .197 | \$ 6694.35 | \$ 23.27 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 3 | 170 | 20,083.06 | 118.14 | .197 | 6694.35 | 23.27 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |

| | | | | | | | | | |
|------------------------------|---|-------|----|------------|-----------|-------|------------|-----------|-------------|
| ICF DDH | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| ICF DD | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| ICF DDN/DDCN | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| @HEMODIALYSIS TOTAL | 20 | 799 | \$ | 35,385.12 | \$ 44.29 | .926 | \$ 1769.26 | \$ 41.00 | |
| HOSPITAL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| HEMODIALYSIS CENTER | 20 | 799 | | 35,385.12 | 44.29 | .926 | 1769.26 | 41.00 | |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 | |
| HOSPITAL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| @LABORATORY FACILITY | 16 | 59 | \$ | 464.66 | \$ 7.88 | .068 | \$ 29.04 | \$.54 | |
| PATHOLOGY | 15 | 58 | | 406.85 | 7.01 | .067 | 27.12 | .47 | |
| XO AND OTHERS | 1 | 1 | | 57.81 | 57.81 | .001 | 57.81 | .07 | |
| @ORGANIZED OUTPATIENT CLINIC | 1,480 | 2,391 | \$ | 398,531.69 | \$ 166.68 | 2.771 | \$ 269.28 | \$ 461.80 | |
| CLINIC | 9 | 15 | | 1,231.95 | 82.13 | .017 | 136.88 | 1.43 | |
| SURGICENTER | 1 | 1 | | .00 | .00 | .001 | .00 | .00 | |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| RURAL HEALTH CLINIC | 1,470 | 2,375 | | 397,299.74 | 167.28 | 2.752 | 270.27 | 460.37 | |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | | | | | | | | PAGE 13,224 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | | 01/29/04 |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G | | | | | | | | |

| 863 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|-------------------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @ALL OTHER PROVIDERS | 111 | 1,628 | \$ 20,647.93 | \$ 12.68 | 1.886 | \$ 186.02 | \$ 23.93 |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 1 | 2 | 108.07 | 54.04 | .002 | 108.07 | .13 |
| MEDICAL TRANSPORTATION | 9 | 70 | 781.11 | 11.16 | .081 | 86.79 | .91 |
| AMBULANCES/AIR TRANS | 6 | 22 | 604.26 | 27.47 | .025 | 100.71 | .70 |
| OTHER TRANS | 3 | 48 | 176.85 | 3.68 | .056 | 58.95 | .20 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 1 | 11 | 765.38 | 69.58 | .013 | 765.38 | .89 |
| GENETIC DISEASE TESTING | 2 | 2 | 210.00 | 105.00 | .002 | 105.00 | .24 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 26 | 121 | 10,976.76 | 90.72 | .140 | 422.18 | 12.72 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 3 | 8 | 187.74 | 23.47 | .009 | 62.58 | .22 |
| PHYSICAL THERAPIST | 6 | 70 | 639.65 | 9.14 | .081 | 106.61 | .74 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 3 | 8 | 315.44 | 39.43 | .009 | 105.15 | .37 |
| PROSTHETICS | 3 | 8 | 315.44 | 39.43 | .009 | 105.15 | .37 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 1 | 2 | 35.07 | 17.54 | .002 | 35.07 | .04 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 46 | 515 | 5,677.01 | 11.02 | .597 | 123.41 | 6.58 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 14 | 819 | 951.70 | 1.16 | .949 | 67.98 | 1.10 |
| @CALIF. CHILDREN SERVICES* | 1 | 1 | \$ 611.68 | \$ 611.68 | .001 | \$ 611.68 | \$.71 |
| @XOVER EXCLUDING STATE HOSP** | 139 | 715 | \$ 36,962.94 | \$ 51.70 | .829 | \$ 265.92 | \$ 42.83 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| | | |
|----------------------------|---|-------------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | PAGE 13,225 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | 01/29/04 |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K | |

----- MONTHLY AVERAGE -----

| 82,994 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|---------------------------|--------|-------------------------------------|------------------|------------------------------|------------------------|------------------|----------------------|
| @TOTAL, ALL PROVIDERS | 44,339 | 190,907 | \$ 14,225,113.22 | \$ 74.51 | 2.300 | \$ 320.83 | \$ 171.40 |
| @PHYSICIANS SERVICES | 5,094 | 17,344 | \$ 1,170,316.80 | \$ 67.48 | .209 | \$ 229.74 | \$ 14.10 |
| OUTPATIENT VISITS | 2,614 | 6,909 | 215,861.48 | 31.24 | .083 | 82.58 | 2.60 |
| OFFICE VISITS | 456 | 537 | 28,146.59 | 52.41 | .006 | 61.72 | .34 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 1,186 | 1,327 | 75,731.39 | 57.07 | .016 | 63.85 | .91 |
| PREVENTIVE CARE | 4 | 4 | 233.22 | 58.31 | .000 | 58.31 | .00 |
| OB VISITS/COMPRE PERI | 1,033 | 4,985 | 109,528.54 | 21.97 | .060 | 106.03 | 1.32 |
| OTHER OUTPATIENT | 50 | 56 | 2,221.74 | 39.67 | .001 | 44.43 | .03 |
| INPATIENT VISITS | 623 | 1,797 | 119,259.99 | 66.37 | .022 | 191.43 | 1.44 |
| HOSPITAL VISITS | 586 | 1,295 | 59,415.97 | 45.88 | .016 | 101.39 | .72 |
| CRITICAL CARE | 46 | 502 | 59,844.02 | 119.21 | .006 | 1300.96 | .72 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 1 | 1 | 46.44 | 46.44 | .000 | 46.44 | .00 |

| | | | | | | | | | |
|----------------------------|---|--------|----|--------------|----------|-------|-----------|----------|-------------|
| EXAMINATIONS | 1 | 1 | | 46.44 | 46.44 | .000 | 46.44 | .00 | |
| SERVICES AND MATERIALS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| INPATIENT HOSPITAL SURGERY | 1,082 | 2,688 | | 621,615.34 | 231.26 | .032 | 574.51 | 7.49 | |
| PRINCIPAL SURGEON | 726 | 777 | | 535,179.89 | 688.78 | .009 | 737.16 | 6.45 | |
| ASSISTANT SURGEON | 118 | 118 | | 21,498.73 | 182.19 | .001 | 182.19 | .26 | |
| ANESTHESIOLOGIST | 420 | 1,793 | | 64,936.72 | 36.22 | .022 | 154.61 | .78 | |
| OUTPATIENT SURGERY | 437 | 928 | | 52,733.71 | 56.83 | .011 | 120.67 | .64 | |
| PRINCIPAL SURGEON | 379 | 654 | | 44,212.13 | 67.60 | .008 | 116.65 | .53 | |
| ASSISTANT SURGEON | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| ANESTHESIOLOGIST | 74 | 274 | | 8,521.58 | 31.10 | .003 | 115.16 | .10 | |
| DIALYSIS | 9 | 24 | | 3,105.21 | 129.38 | .000 | 345.02 | .04 | |
| PATHOLOGY | 1,247 | 2,188 | | 31,413.29 | 14.36 | .026 | 25.19 | .38 | |
| RADIOLOGY | 1,495 | 2,224 | | 95,650.16 | 43.01 | .027 | 63.98 | 1.15 | |
| PSYCHIATRY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| IMMUNIZATION AND INJECTION | 145 | 152 | | 8,693.50 | 57.19 | .002 | 59.96 | .10 | |
| OTHER SERVICES/ALL X-OVERS | 319 | 433 | | 21,937.68 | 50.66 | .005 | 68.77 | .26 | |
| @PHARMACY | 3,869 | 21,963 | \$ | 264,867.64 | \$ 12.06 | .265 | \$ 68.46 | \$ 3.19 | |
| PRESCRIPTION DRUGS | 3,704 | 6,563 | | 217,945.17 | 33.21 | .079 | 58.84 | 2.63 | |
| SNF/ICF | 5 | 15 | | 1,402.34 | 93.49 | .000 | 280.47 | .02 | |
| OUTPATIENTS | 3,701 | 6,548 | | 216,542.83 | 33.07 | .079 | 58.51 | 2.61 | |
| MEDICAL SUPPLIES | 318 | 15,400 | | 46,922.47 | 3.05 | .186 | 147.55 | .57 | |
| @DENTIST | 16,841 | 86,955 | \$ | 2,572,000.44 | \$ 29.58 | 1.048 | \$ 152.72 | \$ 30.99 | |
| VISITS - DIAGNOSTIC | 11,605 | 56,749 | | 755,645.64 | 13.32 | .684 | 65.11 | 9.10 | |
| ORAL SURGERY | 2,174 | 4,092 | | 215,042.25 | 52.55 | .049 | 98.92 | 2.59 | |
| DRUGS | 2,042 | 2,695 | | 63,496.20 | 23.56 | .032 | 31.10 | .77 | |
| ANESTHESIA | 255 | 262 | | 21,436.20 | 81.82 | .003 | 84.06 | .26 | |
| PERIODONTICS | 373 | 384 | | 56,901.00 | 148.18 | .005 | 152.55 | .69 | |
| ENDODONTICS | 1,630 | 2,670 | | 297,139.05 | 111.29 | .032 | 182.29 | 3.58 | |
| RESTORATIVE DENTISTRY | 6,343 | 17,754 | | 998,563.04 | 56.24 | .214 | 157.43 | 12.03 | |
| PROSTHETICS | 38 | 40 | | 1,010.00 | 25.25 | .000 | 26.58 | .01 | |
| DENTURES, STAYPLATES | 131 | 545 | | 47,997.93 | 88.07 | .007 | 366.40 | .58 | |
| SPACE MAINTAINERS | 181 | 201 | | 25,623.20 | 127.48 | .002 | 141.56 | .31 | |
| MAXILLOFACIAL SERVICES | 54 | 64 | | 4,364.14 | 68.19 | .001 | 80.82 | .05 | |
| FRACTURES, DISLOCATIONS | 1 | 1 | | 95.00 | 95.00 | .000 | 95.00 | .00 | |
| ORTHODONTIC SERVICES | 840 | 991 | | 83,936.79 | 84.70 | .012 | 99.92 | 1.01 | |
| ALL OTHER SERVICES | 328 | 507 | | 750.00 | 1.48 | .006 | 2.29 | .01 | |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | | | | | | | | PAGE 13,226 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | | 01/29/04 |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K | | | | | | | | |

| 82,994 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|------------------------------|-------|-------------------------------------|-----------------|------------------------------|------------------------|------------------|----------------------|
| @OPTOMETRIST | 46 | 115 | \$ 2,256.50 | \$ 19.62 | .001 | \$ 49.05 | \$.03 |
| DIAGNOSTIC AND ANC. PROCED | 33 | 26 | 1,065.09 | 40.97 | .000 | 32.28 | .01 |
| EYE APPLIANCES | 35 | 87 | 1,098.51 | 12.63 | .001 | 31.39 | .01 |
| OTHER OPTOMETRIC SERVICES | 2 | 2 | 92.90 | 46.45 | .000 | 46.45 | .00 |
| @CHIROPRACTOR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HOME HEALTH AGENCY | 682 | 901 | \$ 48,536.11 | \$ 53.87 | .011 | \$ 71.17 | \$.58 |
| NURSE ANESTHESIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NURSE MIDWIFE | 1 | 4 | \$ 33.64 | \$ 8.41 | .000 | \$ 33.64 | \$.00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @TOTAL HOSPITAL | 2,609 | 11,523 | \$ 5,392,753.02 | \$ 468.00 | .139 | \$ 2066.98 | \$ 64.98 |

| | | | | | | | | |
|-----------------------------|---|-------------------------------------|-----------------|------------------------------|------------------------|------------------|----------------------|-------------|
| HOSP INPATIENT TOTAL | 1,016 | 4,198 | 5,230,212.27 | 1245.88 | .051 | 5147.85 | 63.02 | |
| HSC HOSPITALS | 32 | 120 | 163,840.12 | 1365.33 | .001 | 5120.00 | 1.97 | |
| NON-HSC HOSPITAL TOTAL | 982 | 4,065 | 5,064,692.15 | 1245.93 | .049 | 5157.53 | 61.02 | |
| ACCOMMODATIONS | 982 | 4,065 | 1,679,927.70 | 413.27 | .049 | 1710.72 | 20.24 | |
| ADMINISTRATIVE DAYS | 5 | 43 | 9,020.71 | 209.78 | .001 | 1804.14 | .11 | |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ALL OTHER ACCOM | 978 | 4,022 | 1,670,906.99 | 415.44 | .048 | 1708.49 | 20.13 | |
| ANCILLARIES | 982 | 0 | 3,384,764.45 | .00 | .000 | 3446.81 | 40.78 | |
| INPATIENT CROSSOVERS | 2 | 13 | 1,680.00 | 129.23 | .000 | 840.00 | .02 | |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| HOSP OUTPATIENT TOTAL | 1,723 | 7,325 | 162,540.75 | 22.19 | .088 | 94.34 | 1.96 | |
| MEDICAL | 161 | 186 | 6,340.10 | 34.09 | .002 | 39.38 | .08 | |
| SURGERY | 105 | 108 | 3,885.02 | 35.97 | .001 | 37.00 | .05 | |
| PATHOLOGY | 886 | 3,624 | 33,118.89 | 9.14 | .044 | 37.38 | .40 | |
| RADIOLOGY | 563 | 727 | 49,429.43 | 67.99 | .009 | 87.80 | .60 | |
| ROOM USE | 1,078 | 1,287 | 47,905.93 | 37.22 | .016 | 44.44 | .58 | |
| CROSSOVERS/ALL OTH OUTPTNT | 771 | 1,393 | 21,861.38 | 15.69 | .017 | 28.35 | .26 | |
| @COUNTY HOSPITAL TOTAL | 16 | 39 | \$ 18,008.80 | \$ 461.76 | .000 | \$ 1125.55 | \$.22 | |
| CO HOSPITAL INPATIENT TOTAL | 6 | 15 | 16,750.01 | 1116.67 | .000 | 2791.67 | .20 | |
| HSC HOSPITALS | 6 | 15 | 16,750.01 | 1116.67 | .000 | 2791.67 | .20 | |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| CO HOSP OUTPATIENT TOTAL | 11 | 24 | 1,258.79 | 52.45 | .000 | 114.44 | .02 | |
| MEDICAL | 2 | 5 | 181.19 | 36.24 | .000 | 90.60 | .00 | |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| PATHOLOGY | 3 | 6 | 57.35 | 9.56 | .000 | 19.12 | .00 | |
| RADIOLOGY | 4 | 5 | 132.93 | 26.59 | .000 | 33.23 | .00 | |
| ROOM USE | 2 | 2 | 85.66 | 42.83 | .000 | 42.83 | .00 | |
| CROSSOVERS/ALL OTH OUTPTNT | 4 | 6 | 801.66 | 133.61 | .000 | 200.42 | .01 | |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | | | | | | | PAGE 13,227 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | 01/29/04 |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K | | | | | | | |
| 82,994 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE | |
| @COMMUNITY HOSPITAL TOTAL | 2,593 | 11,484 | \$ 5,374,744.22 | \$ 468.02 | .138 | \$ 2072.79 | \$ 64.76 | |
| COMM HOSP INPATIENT TOTAL | 1,010 | 4,183 | 5,213,462.26 | 1246.35 | .050 | 5161.84 | 62.82 | |
| HSC HOSPITALS | 26 | 105 | 147,090.11 | 1400.86 | .001 | 5657.31 | 1.77 | |
| NON-HSC HOSPITALS TOTAL | 982 | 4,065 | 5,064,692.15 | 1245.93 | .049 | 5157.53 | 61.02 | |
| ACCOMMODATIONS | 982 | 4,065 | 1,679,927.70 | 413.27 | .049 | 1710.72 | 20.24 | |
| ADMINISTRATIVE DAYS | 5 | 43 | 9,020.71 | 209.78 | .001 | 1804.14 | .11 | |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ALL OTHER ACCOM | 978 | 4,022 | 1,670,906.99 | 415.44 | .048 | 1708.49 | 20.13 | |
| ANCILLARIES | 982 | 0 | 3,384,764.45 | .00 | .000 | 3446.81 | 40.78 | |
| INPATIENT CROSSOVERS | 2 | 13 | 1,680.00 | 129.23 | .000 | 840.00 | .02 | |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| COMM HOSP OUTPATIENT TOTAL | 1,712 | 7,301 | 161,281.96 | 22.09 | .088 | 94.21 | 1.94 | |
| MEDICAL | 159 | 181 | 6,158.91 | 34.03 | .002 | 38.74 | .07 | |
| SURGERY | 105 | 108 | 3,885.02 | 35.97 | .001 | 37.00 | .05 | |
| PATHOLOGY | 883 | 3,618 | 33,061.54 | 9.14 | .044 | 37.44 | .40 | |
| RADIOLOGY | 559 | 722 | 49,296.50 | 68.28 | .009 | 88.19 | .59 | |
| ROOM USE | 1,076 | 1,285 | 47,820.27 | 37.21 | .015 | 44.44 | .58 | |
| CROSSOVERS/ALL OTH OUTPTNT | 767 | 1,387 | 21,059.72 | 15.18 | .017 | 27.46 | .25 | |
| @STATE HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 | |

| | | | | | | | | | | | | |
|------------------------------|---|--------|----|--------------|--|--------|--|------|----|---------|----|-------------|
| MENTALLY ILL | 0 | 0 | | .00 | | .00 | | .000 | | .00 | | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | | .00 | | .000 | | .00 | | .00 |
| @NURSING FACILITY | 0 | 0 | \$ | .00 | | .00 | | .000 | \$ | .00 | \$ | .00 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | | .00 | | .000 | | .00 | | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | | .00 | | .000 | | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | | .00 | | .000 | | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | | .00 | | .000 | | .00 | | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | | .000 | | .00 | | .00 |
| LEV B-REGULAR | 0 | 0 | | .00 | | .00 | | .000 | | .00 | | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$ | .00 | | .00 | | .000 | \$ | .00 | \$ | .00 |
| ICF DDH | 0 | 0 | | .00 | | .00 | | .000 | | .00 | | .00 |
| ICF DD | 0 | 0 | | .00 | | .00 | | .000 | | .00 | | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | | .000 | | .00 | | .00 |
| @HEMODIALYSIS TOTAL | 13 | 504 | \$ | 33,249.76 | | 65.97 | | .006 | \$ | 2557.67 | \$ | .40 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | | .000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 13 | 504 | | 33,249.76 | | 65.97 | | .006 | | 2557.67 | | .40 |
| @REHABILITATION FACILITY | 22 | 429 | \$ | 7,013.41 | | 16.35 | | .005 | \$ | 318.79 | \$ | .08 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | | .000 | | .00 | | .00 |
| INDEPENDENT FACILITY | 22 | 429 | | 7,013.41 | | 16.35 | | .005 | | 318.79 | | .08 |
| @LABORATORY FACILITY | 2,610 | 8,424 | \$ | 145,013.43 | | 17.21 | | .102 | \$ | 55.56 | \$ | 1.75 |
| PATHOLOGY | 2,606 | 8,418 | | 144,730.23 | | 17.19 | | .101 | | 55.54 | | 1.74 |
| XO AND OTHERS | 6 | 6 | | 283.20 | | 47.20 | | .000 | | 47.20 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 17,088 | 26,844 | \$ | 4,336,579.62 | | 161.55 | | .323 | \$ | 253.78 | \$ | 52.25 |
| CLINIC | 271 | 1,029 | | 40,121.03 | | 38.99 | | .012 | | 148.05 | | .48 |
| SURGICENTER | 29 | 86 | | 3,649.65 | | 42.44 | | .001 | | 125.85 | | .04 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 16,797 | 25,729 | | 4,292,808.94 | | 166.85 | | .310 | | 255.57 | | 51.72 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | | | | | | | | | | | PAGE 13,228 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | | | | | 01/29/04 |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K | | | | | | | | | | | |

| | 82,994 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|------------------|--------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @ALL OTHER PROVIDERS | 4,325 | 15,901 | \$ | 252,492.85 | \$ 15.88 | .192 | \$ 58.38 | \$ 3.04 |
| DURABLE MED. EQUIP. | 19 | 135 | | 1,069.73 | 7.92 | .002 | 56.30 | .01 |
| BLOOD BANK | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 179 | 1,664 | | 29,262.87 | 17.59 | .020 | 163.48 | .35 |
| AMBULANCES/AIR TRANS | 179 | 1,661 | | 23,862.87 | 14.37 | .020 | 133.31 | .29 |
| OTHER TRANS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 3 | 3 | | 5,400.00 | 1800.00 | .000 | 1800.00 | .07 |
| ACUPUNCTURE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 810 | 813 | | 84,491.50 | 103.93 | .010 | 104.31 | 1.02 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 38 | 113 | | 2,213.78 | 19.59 | .001 | 58.26 | .03 |
| PHYSICAL THERAPIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 38 | 64 | | 4,978.27 | 77.79 | .001 | 131.01 | .06 |
| PROSTHETICS | 16 | 31 | | 1,060.10 | 34.20 | .000 | 66.26 | .01 |
| ORTHOTICS | 25 | 33 | | 3,918.17 | 118.73 | .000 | 156.73 | .05 |
| PSYCHOLOGIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 6 | 8 | | 282.66 | 35.33 | .000 | 47.11 | .00 |
| HOSPICE SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 3,244 | 13,103 | | 130,179.85 | 9.94 | .158 | 40.13 | 1.57 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|-------------------------------|-----|-------|---------------|-----------|------|------------|---------|
| ALL OTHER PROVIDERS | 1 | 1 | 14.19 | 14.19 | .000 | 14.19 | .00 |
| @CALIF. CHILDREN SERVICES* | 103 | 3,050 | \$ 793,199.27 | \$ 260.07 | .037 | \$ 7700.96 | \$ 9.56 |
| @XOVER EXCLUDING STATE HOSP** | 4 | 3 | \$ 1,748.72 | \$ 582.91 | .000 | \$ 437.18 | \$.02 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,229
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 SANTA BARBARA COUN SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL

| 84,746 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|--------|-------------------------------------|------------------|------------------------------|---|------------------|----------------------|
| @TOTAL, ALL PROVIDERS | 49,102 | 237,329 | \$ 16,431,583.36 | \$ 69.24 | 2.800 | \$ 334.64 | \$ 193.89 |
| @PHYSICIANS SERVICES | 5,374 | 18,642 | \$ 1,218,087.64 | \$ 65.34 | .220 | \$ 226.66 | \$ 14.37 |
| OUTPATIENT VISITS | 2,690 | 7,012 | 223,454.98 | 31.87 | .083 | 83.07 | 2.64 |
| OFFICE VISITS | 468 | 560 | 29,007.39 | 51.80 | .007 | 61.98 | .34 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 1,250 | 1,405 | 82,352.17 | 58.61 | .017 | 65.88 | .97 |
| PREVENTIVE CARE | 4 | 4 | 233.22 | 58.31 | .000 | 58.31 | .00 |
| OB VISITS/COMPRE PERI | 1,033 | 4,985 | 109,528.54 | 21.97 | .059 | 106.03 | 1.29 |
| OTHER OUTPATIENT | 52 | 58 | 2,333.66 | 40.24 | .001 | 44.88 | .03 |
| INPATIENT VISITS | 656 | 1,951 | 126,401.40 | 64.79 | .023 | 192.69 | 1.49 |
| HOSPITAL VISITS | 616 | 1,441 | 65,918.38 | 45.74 | .017 | 107.01 | .78 |
| CRITICAL CARE | 50 | 507 | 60,389.32 | 119.11 | .006 | 1207.79 | .71 |
| SNF/ICF/TRANS IP CARE | 3 | 3 | 93.70 | 31.23 | .000 | 31.23 | .00 |
| OPHTHALMOLOGICAL SERVICES | 2 | 2 | 92.88 | 46.44 | .000 | 46.44 | .00 |
| EXAMINATIONS | 2 | 2 | 92.88 | 46.44 | .000 | 46.44 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 1,101 | 2,795 | 627,012.63 | 224.33 | .033 | 569.49 | 7.40 |
| PRINCIPAL SURGEON | 734 | 789 | 538,373.28 | 682.35 | .009 | 733.48 | 6.35 |
| ASSISTANT SURGEON | 118 | 118 | 21,498.73 | 182.19 | .001 | 182.19 | .25 |
| ANESTHESIOLOGIST | 431 | 1,888 | 67,140.62 | 35.56 | .022 | 155.78 | .79 |
| OUTPATIENT SURGERY | 446 | 943 | 53,721.99 | 56.97 | .011 | 120.45 | .63 |
| PRINCIPAL SURGEON | 387 | 663 | 45,040.42 | 67.93 | .008 | 116.38 | .53 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 75 | 280 | 8,681.57 | 31.01 | .003 | 115.75 | .10 |
| DIALYSIS | 19 | 38 | 6,255.77 | 164.63 | .000 | 329.25 | .07 |
| PATHOLOGY | 1,267 | 2,230 | 33,231.24 | 14.90 | .026 | 26.23 | .39 |
| RADIOLOGY | 1,573 | 2,500 | 105,155.12 | 42.06 | .029 | 66.85 | 1.24 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 146 | 172 | 8,883.50 | 51.65 | .002 | 60.85 | .10 |
| OTHER SERVICES/ALL X-OVERS | 466 | 999 | 33,878.13 | 33.91 | .012 | 72.70 | .40 |
| @PHARMACY | 4,522 | 34,250 | \$ 500,717.86 | \$ 14.62 | .404 | \$ 110.73 | \$ 5.91 |
| PRESCRIPTION DRUGS | 4,332 | 8,902 | 450,820.79 | 50.64 | .105 | 104.07 | 5.32 |
| SNF/ICF | 40 | 275 | 29,677.41 | 107.92 | .003 | 741.94 | .35 |
| OUTPATIENTS | 4,304 | 8,627 | 421,143.38 | 48.82 | .102 | 97.85 | 4.97 |
| MEDICAL SUPPLIES | 352 | 25,348 | 49,897.07 | 1.97 | .299 | 141.75 | .59 |
| @DENTIST | 18,208 | 92,892 | \$ 2,819,895.19 | \$ 30.36 | 1.096 | \$ 154.87 | \$ 33.27 |
| VISITS - DIAGNOSTIC | 12,478 | 60,386 | 800,000.89 | 13.25 | .713 | 64.11 | 9.44 |
| ORAL SURGERY | 2,403 | 4,718 | 242,469.50 | 51.39 | .056 | 100.90 | 2.86 |
| DRUGS | 2,042 | 2,695 | 63,496.20 | 23.56 | .032 | 31.10 | .75 |
| ANESTHESIA | 266 | 274 | 21,881.20 | 79.86 | .003 | 82.26 | .26 |
| PERIODONTICS | 464 | 488 | 70,827.00 | 145.14 | .006 | 152.64 | .84 |
| ENDODONTICS | 1,687 | 2,745 | 314,504.05 | 114.57 | .032 | 186.43 | 3.71 |
| RESTORATIVE DENTISTRY | 6,693 | 18,683 | 1,077,363.29 | 57.67 | .220 | 160.97 | 12.71 |
| PROSTHETICS | 59 | 62 | 1,600.00 | 25.81 | .001 | 27.12 | .02 |
| DENTURES, STAYPLATES | 307 | 1,012 | 109,858.93 | 108.56 | .012 | 357.85 | 1.30 |
| SPACE MAINTAINERS | 181 | 201 | 25,623.20 | 127.48 | .002 | 141.56 | .30 |
| MAXILLOFACIAL SERVICES | 56 | 67 | 4,364.14 | 65.14 | .001 | 77.93 | .05 |
| FRACTURES, DISLOCATIONS | 2 | 5 | 3,220.00 | 644.00 | .000 | 1610.00 | .04 |

| | | | | | | | |
|----------------------|-----|-----|-----------|-------|------|-------|-----|
| ORTHODONTIC SERVICES | 840 | 991 | 83,936.79 | 84.70 | .012 | 99.92 | .99 |
| ALL OTHER SERVICES | 353 | 565 | 750.00 | 1.33 | .007 | 2.12 | .01 |

#CALIF DEPT OF HEALTH SERV MOP024
 SANTA BARBARA COUN

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL

PAGE 13,230
 01/29/04

| 84,746 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @OPTOMETRIST | 62 | 156 | \$ 3,120.60 | \$ 20.00 | .002 | \$ 50.33 | \$.04 |
| DIAGNOSTIC AND ANC. PROCED | 42 | 33 | 1,333.57 | 40.41 | .000 | 31.75 | .02 |
| EYE APPLIANCES | 47 | 115 | 1,680.39 | 14.61 | .001 | 35.75 | .02 |
| OTHER OPTOMETRIC SERVICES | 3 | 8 | 106.64 | 13.33 | .000 | 35.55 | .00 |
| @CHIROPRACTOR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 17 | 27 | \$ 308.21 | \$ 11.42 | .000 | \$ 18.13 | \$.00 |

| | | | | | | | |
|------------------------------|-------|--------|-----------------|-----------|------|------------|----------|
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER | 17 | 27 | 308.21 | 11.42 | .000 | 18.13 | .00 |
| @HOME HEALTH AGENCY | 683 | 902 | \$ 48,610.97 | \$ 53.89 | .011 | \$ 71.17 | \$.57 |
| NURSE ANESTHESIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NURSE MIDWIFE | 1 | 4 | \$ 33.64 | \$ 8.41 | .000 | \$ 33.64 | \$.00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @TOTAL HOSPITAL | 2,805 | 12,685 | \$ 6,221,039.73 | \$ 490.42 | .150 | \$ 2217.84 | \$ 73.41 |
| HOSP INPATIENT TOTAL | 1,115 | 4,649 | 6,041,449.42 | 1299.52 | .055 | 5418.34 | 71.29 |
| HSC HOSPITALS | 35 | 160 | 217,835.12 | 1361.47 | .002 | 6223.86 | 2.57 |
| NON-HSC HOSPITAL TOTAL | 1,037 | 4,395 | 5,796,931.66 | 1318.98 | .052 | 5590.10 | 68.40 |
| ACCOMMODATIONS | 1,037 | 4,395 | 1,874,147.19 | 426.43 | .052 | 1807.28 | 22.11 |
| ADMINISTRATIVE DAYS | 9 | 55 | 11,044.59 | 200.81 | .001 | 1227.18 | .13 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 1,029 | 4,340 | 1,863,102.60 | 429.29 | .051 | 1810.60 | 21.98 |
| ANCILLARIES | 1,037 | 0 | 3,922,784.47 | .00 | .000 | 3782.82 | 46.29 |
| INPATIENT CROSSOVERS | 43 | 94 | 26,682.64 | 283.86 | .001 | 620.53 | .31 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 1,826 | 8,036 | 179,590.31 | 22.35 | .095 | 98.35 | 2.12 |
| MEDICAL | 187 | 217 | 7,611.60 | 35.08 | .003 | 40.70 | .09 |
| SURGERY | 108 | 111 | 4,009.30 | 36.12 | .001 | 37.12 | .05 |
| PATHOLOGY | 937 | 3,941 | 36,107.99 | 9.16 | .047 | 38.54 | .43 |
| RADIOLOGY | 613 | 806 | 55,785.88 | 69.21 | .010 | 91.00 | .66 |
| ROOM USE | 1,119 | 1,337 | 49,696.42 | 37.17 | .016 | 44.41 | .59 |
| CROSSOVERS/ALL OTH OUTPTNT | 834 | 1,624 | 26,379.12 | 16.24 | .019 | 31.63 | .31 |
| @COUNTY HOSPITAL TOTAL | 19 | 43 | \$ 19,333.16 | \$ 449.61 | .001 | \$ 1017.53 | \$.23 |
| CO HOSPITAL INPATIENT TOTAL | 7 | 16 | 17,945.01 | 1121.56 | .000 | 2563.57 | .21 |
| HSC HOSPITALS | 7 | 16 | 17,945.01 | 1121.56 | .000 | 2563.57 | .21 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 13 | 27 | 1,388.15 | 51.41 | .000 | 106.78 | .02 |
| MEDICAL | 3 | 6 | 209.18 | 34.86 | .000 | 69.73 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 3 | 6 | 57.35 | 9.56 | .000 | 19.12 | .00 |
| RADIOLOGY | 4 | 5 | 132.93 | 26.59 | .000 | 33.23 | .00 |
| ROOM USE | 3 | 3 | 115.66 | 38.55 | .000 | 38.55 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 5 | 7 | 873.03 | 124.72 | .000 | 174.61 | .01 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,231
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL

| | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|---------------------------|-------|-------------------------------------|-----------------|------------------------------|---|------------------|----------------------|
| 84,746 ELIGIBLES | | | | | | | |
| @COMMUNITY HOSPITAL TOTAL | 2,786 | 12,642 | \$ 6,201,706.57 | \$ 490.56 | .149 | \$ 2226.03 | \$ 73.18 |
| COMM HOSP INPATIENT TOTAL | 1,108 | 4,633 | 6,023,504.41 | 1300.13 | .055 | 5436.38 | 71.08 |
| HSC HOSPITALS | 28 | 144 | 199,890.11 | 1388.13 | .002 | 7138.93 | 2.36 |
| NON-HSC HOSPITALS TOTAL | 1,037 | 4,395 | 5,796,931.66 | 1318.98 | .052 | 5590.10 | 68.40 |
| ACCOMMODATIONS | 1,037 | 4,395 | 1,874,147.19 | 426.43 | .052 | 1807.28 | 22.11 |
| ADMINISTRATIVE DAYS | 9 | 55 | 11,044.59 | 200.81 | .001 | 1227.18 | .13 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 1,029 | 4,340 | 1,863,102.60 | 429.29 | .051 | 1810.60 | 21.98 |
| ANCILLARIES | 1,037 | 0 | 3,922,784.47 | .00 | .000 | 3782.82 | 46.29 |

| 84,746 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | MONTHLY AVERAGE | | | |
|----------------------------|-------|-------------------------------------|---------------|------------------------------|------------------------|------------------|----------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @ALL OTHER PROVIDERS | 4,598 | 35,964 | \$ 367,489.23 | \$ 10.22 | .424 | \$ 79.92 | \$ 4.34 |
| DURABLE MED. EQUIP. | 19 | 135 | 1,069.73 | 7.92 | .002 | 56.30 | .01 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 1 | 2 | 108.07 | 54.04 | .000 | 108.07 | .00 |
| MEDICAL TRANSPORTATION | 217 | 1,946 | 32,957.99 | 16.94 | .023 | 151.88 | .39 |
| AMBULANCES/AIR TRANS | 214 | 1,895 | 27,381.14 | 14.45 | .022 | 127.95 | .32 |
| OTHER TRANS | 3 | 48 | 176.85 | 3.68 | .001 | 58.95 | .00 |
| OTHER SERVICES | 3 | 3 | 5,400.00 | 1800.00 | .000 | 1800.00 | .06 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 71 | 1,135 | 78,185.99 | 68.89 | .013 | 1101.21 | .92 |
| GENETIC DISEASE TESTING | 812 | 815 | 84,701.50 | 103.93 | .010 | 104.31 | 1.00 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 69 | 272 | 22,543.61 | 82.88 | .003 | 326.72 | .27 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 43 | 127 | 2,537.31 | 19.98 | .001 | 59.01 | .03 |
| PHYSICAL THERAPIST | 6 | 70 | 639.65 | 9.14 | .001 | 106.61 | .01 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 41 | 72 | 5,293.71 | 73.52 | .001 | 129.11 | .06 |

| | | | | | | | |
|-------------------------------|-------|--------|---------------|-----------|------|------------|---------|
| PROSTHETICS | 19 | 39 | 1,375.54 | 35.27 | .000 | 72.40 | .02 |
| ORTHOTICS | 25 | 33 | 3,918.17 | 118.73 | .000 | 156.73 | .05 |
| PSYCHOLOGIST | 1 | 2 | 35.07 | 17.54 | .000 | 35.07 | .00 |
| SPEECH AND AUDIOLOGY | 6 | 8 | 282.66 | 35.33 | .000 | 47.11 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 3,292 | 13,629 | 135,984.00 | 9.98 | .161 | 41.31 | 1.60 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 32 | 17,751 | 3,149.94 | .18 | .209 | 98.44 | .04 |
| @CALIF. CHILDREN SERVICES* | 104 | 3,051 | \$ 793,810.95 | \$ 260.18 | .036 | \$ 7632.80 | \$ 9.37 |
| @XOVER EXCLUDING STATE HOSP** | 170 | 821 | \$ 44,437.07 | \$ 54.13 | .010 | \$ 261.39 | \$.52 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,233
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR MN - SOC - AGED AID CODE 17 1Y

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @TOTAL, ALL PROVIDERS | 31 | 327 | \$ 2,817.53 | \$ 8.62 | .000 | \$ 90.89 | \$.00 |
| @PHYSICIANS SERVICES | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| OUTPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OFFICE VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PHARMACY | 3 | 197 | \$ 492.42 | \$ 2.50 | .000 | \$ 164.14 | \$.00 |
| PRESCRIPTION DRUGS | 2 | 5 | 377.98 | 75.60 | .000 | 188.99 | .00 |
| SNF/ICF | 1 | 1 | 94.45 | 94.45 | .000 | 94.45 | .00 |
| OUTPATIENTS | 1 | 4 | 283.53 | 70.88 | .000 | 283.53 | .00 |
| MEDICAL SUPPLIES | 1 | 192 | 114.44 | .60 | .000 | 114.44 | .00 |
| @DENTIST | 27 | 127 | \$ 2,272.00 | \$ 17.89 | .000 | \$ 84.15 | \$.00 |
| VISITS - DIAGNOSTIC | 13 | 50 | 303.00 | 6.06 | .000 | 23.31 | .00 |
| ORAL SURGERY | 6 | 38 | 850.00 | 22.37 | .000 | 141.67 | .00 |

| | | | | | | | |
|------------------------------|---|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PERIODONTICS | 1 | 1 | 45.00 | 45.00 | .000 | 45.00 | .00 |
| ENDODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESTORATIVE DENTISTRY | 9 | 28 | 729.00 | 26.04 | .000 | 81.00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 5 | 8 | 345.00 | 43.13 | .000 | 69.00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 2 | 2 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | | | | | | PAGE 13,234 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | 01/29/04 |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR MN - SOC - AGED | | | | | | |
| | AID CODE 17 1Y | | | | | | |
| | ----- MONTHLY AVERAGE ----- | | | | | | |
| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @OPTOMETRIST | 1 | 3 \$ | 53.11 | \$ 17.70 | .000 | \$ 53.11 | \$.00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EYE APPLIANCES | 1 | 3 | 53.11 | 17.70 | .000 | 53.11 | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 0 | 0 \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HOME HEALTH AGENCY | 0 | 0 \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE ANESTHESIST | 0 | 0 \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE MIDWIFE | 0 | 0 \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| @TOTAL HOSPITAL | 0 | 0 \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|----------------------------|---|---|-----|-----|------|-----|-----|
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

00 ELIGIBLES

USERS

UNITS OF SERVICE

EXPENDITURES

AVERAGE COST
MONTHLY AVERAGE

UNITS/DAYS
COST PER

COST PER

| | | OR DAYS OF CARE | | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
|------------------------------|---|-----------------|----|-----|--------------|----------|--------|----------|
| @COMMUNITY HOSPITAL TOTAL | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| COMM HOSP INPATIENT TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| XO AND OTHERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| CLINIC | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SURGICENTER | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | | | | | | | | |
| MOP024 | | | | | | | | |
| SANTA BARBARA COUN | | | | | | | | |

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR MN - SOC - AGED

PAGE 13,236
01/29/04

| | 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|------------------------|--------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @ALL OTHER PROVIDERS | 0 | | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| DURABLE MED. EQUIP. | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|-------------------------------|---|---|--------|--------|------|--------|--------|
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| | | | |
|----------------------------|--|--|-------------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES | MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | PAGE 13,237 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | 01/29/04 |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR MN - SOC - BLIND | AID CODE 27 | |

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @TOTAL, ALL PROVIDERS | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @PHYSICIANS SERVICES | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| OUTPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OFFICE VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | |
|----------------------------|---|---|----|-----|-----|------|-----|-----|
| IMMUNIZATION AND INJECTION | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @PHARMACY | 0 | 0 | \$ | .00 | \$ | .000 | \$ | .00 |
| PRESCRIPTION DRUGS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| MEDICAL SUPPLIES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @DENTIST | 0 | 0 | \$ | .00 | \$ | .000 | \$ | .00 |
| VISITS - DIAGNOSTIC | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ORAL SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| DRUGS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PERIODONTICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ENDODONTICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RESTORATIVE DENTISTRY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | | | | | | | |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR MN - SOC - BLIND | | | | | | | |
| | AID CODE 27 | | | | | | | |

PAGE 13,238
01/29/04

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | ----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @OPTOMETRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EYE APPLIANCES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE ANESTHESIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NURSE MIDWIFE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @TOTAL HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|-----------------------------|---|---|--------|--------|------|--------|--------|
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,239
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR MN - SOC - BLIND AID CODE 27

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | | |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| COMM HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @STATE HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |

| | | | | | | | | | | | |
|------------------------------|---|---|----|-----|----|-----|------|----|-----|----|-----|
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @LABORATORY FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| XO AND OTHERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | | | | | | | | | | | |
| MOP024 | | | | | | | | | | | |
| SANTA BARBARA COUN | | | | | | | | | | | |

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR MN - SOC - BLIND

AID CODE 27

PAGE 13,240
 01/29/04

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|-------------------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @ALL OTHER PROVIDERS | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,241
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y

| 05 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @TOTAL, ALL PROVIDERS | 165 | 523 | \$ 52,552.86 | \$ 100.48 | 104.600 | \$ 318.50 | \$ 10510.57 |
| @PHYSICIANS SERVICES | 2 | 10 | \$ 280.21 | \$ 28.02 | 2.000 | \$ 140.11 | \$ 56.04 |
| OUTPATIENT VISITS | 1 | 2 | 52.76 | 26.38 | .400 | 52.76 | 10.55 |
| OFFICE VISITS | 1 | 1 | 7.00 | 7.00 | .200 | 7.00 | 1.40 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 1 | 1 | 45.76 | 45.76 | .200 | 45.76 | 9.15 |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | |
|----------------------------|---|-----|----|-----------|-----------|--------|-----------|-------------|
| ASSISTANT SURGEON | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 2 | 3 | | 175.32 | 58.44 | .600 | 87.66 | 35.06 |
| PSYCHIATRY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 1 | 5 | | 52.13 | 10.43 | 1.000 | 52.13 | 10.43 |
| @PHARMACY | 6 | 41 | \$ | 5,884.44 | \$ 143.52 | 8.200 | \$ 980.74 | \$ 1176.89 |
| PRESCRIPTION DRUGS | 6 | 41 | | 5,884.44 | 143.52 | 8.200 | 980.74 | 1176.89 |
| SNF/ICF | 0 | 4 | | 183.77CR | 45.94CR | .800 | .00 | 36.75CR |
| OUTPATIENTS | 6 | 37 | | 6,068.21 | 164.01 | 7.400 | 1011.37 | 1213.64 |
| MEDICAL SUPPLIES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @DENTIST | 66 | 280 | \$ | 11,154.00 | \$ 39.84 | 56.000 | \$ 169.00 | \$ 2230.80 |
| VISITS - DIAGNOSTIC | 36 | 137 | | 1,574.00 | 11.49 | 27.400 | 43.72 | 314.80 |
| ORAL SURGERY | 9 | 29 | | 607.00 | 20.93 | 5.800 | 67.44 | 121.40 |
| DRUGS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PERIODONTICS | 5 | 5 | | 609.00 | 121.80 | 1.000 | 121.80 | 121.80 |
| ENDODONTICS | 6 | 8 | | 1,280.00 | 160.00 | 1.600 | 213.33 | 256.00 |
| RESTORATIVE DENTISTRY | 23 | 76 | | 5,378.00 | 70.76 | 15.200 | 233.83 | 1075.60 |
| PROSTHETICS | 1 | 2 | | 60.00 | 30.00 | .400 | 60.00 | 12.00 |
| DENTURES, STAYPLATES | 7 | 20 | | 1,646.00 | 82.30 | 4.000 | 235.14 | 329.20 |
| SPACE MAINTAINERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 2 | 3 | | .00 | .00 | .600 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | | | | | | | PAGE 13,242 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | 01/29/04 |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y | | | | | | | |

| 05 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @OPTOMETRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EYE APPLIANCES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE ANESTHESIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE MIDWIFE | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @TOTAL HOSPITAL | 2 | 4 | \$ 1,680.00 | \$ 420.00 | .800 | \$ 840.00 | \$ 336.00 |
| HOSP INPATIENT TOTAL | 2 | 4 | 1,680.00 | 420.00 | .800 | 840.00 | 336.00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|-----------------------------|---|---|----------|--------|------|--------|-------------|
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 2 | 4 | 1,680.00 | 420.00 | .800 | 840.00 | 336.00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | | | | | | PAGE 13,243 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | 01/29/04 |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y | | | | | | |

| | | | | | | ----- MONTHLY AVERAGE ----- | | | |
|----------------------------|---|-------|------------------|--------------|--------------|-----------------------------|-----------|-----------|--|
| 05 ELIGIBLES | | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER | |
| | | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE | |
| @COMMUNITY HOSPITAL TOTAL | 2 | 4 | \$ | 1,680.00 | \$ 420.00 | .800 | \$ 840.00 | \$ 336.00 | |
| COMM HOSP INPATIENT TOTAL | 2 | 4 | | 1,680.00 | 420.00 | .800 | 840.00 | 336.00 | |
| HSC HOSPITALS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| ACCOMMODATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| ALL OTHER ACCOM | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| ANCILLARIES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| INPATIENT CROSSOVERS | 2 | 4 | | 1,680.00 | 420.00 | .800 | 840.00 | 336.00 | |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| COMM HOSP OUTPATIENT TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| MEDICAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| RADIOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| ROOM USE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 | |
| MENTALLY ILL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| DEVELOP. DISABLED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| @NURSING FACILITY | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 | |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |

[illegible]

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,245
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

| | | | | | | ----- MONTHLY AVERAGE ----- | | |
|-----------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|-----------------------------|----------------------|--|
| 30 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE | |
| @TOTAL, ALL PROVIDERS | 104 | 397 | \$ 19,567.55 | \$ 49.29 | 13.233 | \$ 188.15 | \$ 652.25 | |
| @PHYSICIANS SERVICES | 2 | 3 | \$ 125.18 | \$ 41.73 | .100 | \$ 62.59 | \$ 4.17 | |
| OUTPATIENT VISITS | 1 | 1 | 108.08 | 108.08 | .033 | 108.08 | 3.60 | |
| OFFICE VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| EMERGENCY ROOM | 1 | 1 | 108.08 | 108.08 | .033 | 108.08 | 3.60 | |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |

| | | | | | | | | |
|----------------------------|----|-----|----|----------|------------|--------|-----------|-----------|
| OTHER OUTPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 1 | 2 | | 17.10 | 8.55 | .067 | 17.10 | .57 |
| PSYCHIATRY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @PHARMACY | 0 | 3 | \$ | 84.63CR | \$ 28.21CR | .100 | \$.00 | \$ 2.82CR |
| PRESCRIPTION DRUGS | 0 | 3 | | 84.63CR | 28.21CR | .100 | .00 | 2.82CR |
| SNF/ICF | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 0 | 3 | | 84.63CR | 28.21CR | .100 | .00 | 2.82CR |
| MEDICAL SUPPLIES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @DENTIST | 61 | 325 | \$ | 7,242.14 | \$ 22.28 | 10.833 | \$ 118.72 | \$ 241.40 |
| VISITS - DIAGNOSTIC | 39 | 191 | | 1,100.00 | 5.76 | 6.367 | 28.21 | 36.67 |
| ORAL SURGERY | 11 | 20 | | 971.14 | 48.56 | .667 | 88.29 | 32.37 |
| DRUGS | 1 | 1 | | .00 | .00 | .033 | .00 | .00 |
| ANESTHESIA | 1 | 1 | | 100.00 | 100.00 | .033 | 100.00 | 3.33 |
| PERIODONTICS | 2 | 1 | | .00 | .00 | .033 | .00 | .00 |
| ENDODONTICS | 3 | 6 | | 446.00 | 74.33 | .200 | 148.67 | 14.87 |
| RESTORATIVE DENTISTRY | 22 | 82 | | 3,816.00 | 46.54 | 2.733 | 173.45 | 127.20 |
| PROSTHETICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 2 | 6 | | 267.00 | 44.50 | .200 | 133.50 | 8.90 |
| SPACE MAINTAINERS | 1 | 1 | | 120.00 | 120.00 | .033 | 120.00 | 4.00 |
| MAXILLOFACIAL SERVICES | 1 | 5 | | 100.00 | 20.00 | .167 | 100.00 | 3.33 |
| FRACTURES, DISLOCATIONS | 1 | 1 | | 322.00 | 322.00 | .033 | 322.00 | 10.73 |
| ORTHODONTIC SERVICES | 2 | 3 | | .00 | .00 | .100 | .00 | .00 |
| ALL OTHER SERVICES | 5 | 7 | | .00 | .00 | .233 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV
MOP024
SANTA BARBARA COUN

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

PAGE 13,246
01/29/04

| 30 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @OPTOMETRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EYE APPLIANCES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | | | | |
|------------------------------|---|---|----|-----|----|-----|------|----|-----|----|-----|
| @HOME HEALTH AGENCY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| NURSE ANESTHESIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| NURSE MIDWIFE | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| @TOTAL HOSPITAL | 1 | 3 | \$ | .00 | \$ | .00 | .100 | \$ | .00 | \$ | .00 |
| HOSP INPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HOSP OUTPATIENT TOTAL | 1 | 3 | | .00 | | .00 | .100 | | .00 | | .00 |
| MEDICAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY | 1 | 1 | | .00 | | .00 | .033 | | .00 | | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIOLOGY | 1 | 1 | | .00 | | .00 | .033 | | .00 | | .00 |
| ROOM USE | 1 | 1 | | .00 | | .00 | .033 | | .00 | | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| MEDICAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ROOM USE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,247
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

| | 30 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | MONTHLY AVERAGE COST PER USER | COST PER ELIGIBLE |
|----------------------------|--------------|-------|-------------------------------------|--------------|------------------------------|------------------------|-------------------------------------|----------------------|
| @COMMUNITY HOSPITAL TOTAL | 1 | | 3 | \$.00 | \$.00 | .100 | \$.00 | \$.00 |
| COMM HOSP INPATIENT TOTAL | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 1 | | 3 | .00 | .00 | .100 | .00 | .00 |
| MEDICAL | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | |
|------------------------------|---|----|----|----------|-----------|-------|------------|-------------|
| SURGERY | 1 | 1 | | .00 | .00 | .033 | .00 | .00 |
| PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 1 | 1 | | .00 | .00 | .033 | .00 | .00 |
| ROOM USE | 1 | 1 | | .00 | .00 | .033 | .00 | .00 |
| CROSSEOVERS/ALL OTH OUTPTNT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @STATE HOSPITAL | 2 | 0 | \$ | 3,578.91 | \$.00 | .000 | \$ 1789.46 | \$ 119.30 |
| MENTALLY ILL | 2 | 0 | | 3,578.91 | .00 | .000 | 1789.46 | 119.30 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| XO AND OTHERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 35 | 51 | \$ | 8,422.13 | \$ 165.14 | 1.700 | \$ 240.63 | \$ 280.74 |
| CLINIC | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SURGICENTER | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 35 | 51 | | 8,422.13 | 165.14 | 1.700 | 240.63 | 280.74 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | | | | | | | PAGE 13,248 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | 01/29/04 |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37 | | | | | | | |

| | 30 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|--------------|-------|-------------------------------------|--------------|------------------------------|--|------------------|----------------------|
| @ALL OTHER PROVIDERS | 6 | 12 | \$ | 283.82 | \$ 23.65 | .400 | \$ 47.30 | \$ 9.46 |
| DURABLE MED. EQUIP. | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 1 | 1 | | 105.00 | 105.00 | .033 | 105.00 | 3.50 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|-------------------------------|---|----|--------|--------|------|--------|--------|
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 5 | 11 | 178.82 | 16.26 | .367 | 35.76 | 5.96 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| | | |
|----------------------------|---|-------------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | PAGE 13,249 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | 01/29/04 |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR MN - SOC - TOTAL | |

| 35 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|--|------------------|----------------------|
| @TOTAL, ALL PROVIDERS | 300 | 1,247 | \$ 74,937.94 | \$ 60.09 | 35.629 | \$ 249.79 | \$ 2141.08 |
| @PHYSICIANS SERVICES | 4 | 13 | \$ 405.39 | \$ 31.18 | .371 | \$ 101.35 | \$ 11.58 |
| OUTPATIENT VISITS | 2 | 3 | 160.84 | 53.61 | .086 | 80.42 | 4.60 |
| OFFICE VISITS | 1 | 1 | 7.00 | 7.00 | .029 | 7.00 | .20 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 1 | 1 | 108.08 | 108.08 | .029 | 108.08 | 3.09 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 1 | 1 | 45.76 | 45.76 | .029 | 45.76 | 1.31 |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 3 | 5 | 192.42 | 38.48 | .143 | 64.14 | 5.50 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 1 | 5 | 52.13 | 10.43 | .143 | 52.13 | 1.49 |
| @PHARMACY | 9 | 241 | \$ 6,292.23 | \$ 26.11 | 6.886 | \$ 699.14 | \$ 179.78 |
| PRESCRIPTION DRUGS | 8 | 49 | 6,177.79 | 126.08 | 1.400 | 772.22 | 176.51 |
| SNF/ICF | 1 | 5 | 89.32CR | 17.86CR | .143 | 89.32CR | 2.55CR |
| OUTPATIENTS | 7 | 44 | 6,267.11 | 142.43 | 1.257 | 895.30 | 179.06 |
| MEDICAL SUPPLIES | 1 | 192 | 114.44 | .60 | 5.486 | 114.44 | 3.27 |
| @DENTIST | 154 | 732 | \$ 20,668.14 | \$ 28.24 | 20.914 | \$ 134.21 | \$ 590.52 |
| VISITS - DIAGNOSTIC | 88 | 378 | 2,977.00 | 7.88 | 10.800 | 33.83 | 85.06 |
| ORAL SURGERY | 26 | 87 | 2,428.14 | 27.91 | 2.486 | 93.39 | 69.38 |
| DRUGS | 1 | 1 | .00 | .00 | .029 | .00 | .00 |
| ANESTHESIA | 1 | 1 | 100.00 | 100.00 | .029 | 100.00 | 2.86 |
| PERIODONTICS | 8 | 7 | 654.00 | 93.43 | .200 | 81.75 | 18.69 |
| ENDODONTICS | 9 | 14 | 1,726.00 | 123.29 | .400 | 191.78 | 49.31 |

| | | | | | | | |
|-------------------------|----|-----|----------|--------|-------|--------|--------|
| RESTORATIVE DENTISTRY | 54 | 186 | 9,923.00 | 53.35 | 5.314 | 183.76 | 283.51 |
| PROSTHETICS | 1 | 2 | 60.00 | 30.00 | .057 | 60.00 | 1.71 |
| DENTURES, STAYPLATES | 14 | 34 | 2,258.00 | 66.41 | .971 | 161.29 | 64.51 |
| SPACE MAINTAINERS | 1 | 1 | 120.00 | 120.00 | .029 | 120.00 | 3.43 |
| MAXILLOFACIAL SERVICES | 1 | 5 | 100.00 | 20.00 | .143 | 100.00 | 2.86 |
| FRACTURES, DISLOCATIONS | 1 | 1 | 322.00 | 322.00 | .029 | 322.00 | 9.20 |
| ORTHODONTIC SERVICES | 2 | 3 | .00 | .00 | .086 | .00 | .00 |
| ALL OTHER SERVICES | 9 | 12 | .00 | .00 | .343 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,250
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR MN - SOC - TOTAL

| | 35 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | ----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE |
|----------------------------|--------------|-------|-------------------------------------|--------------|------------------------------|---|
| @OPTOMETRIST | 1 | | 3 \$ | 53.11 | \$ 17.70 | .086 \$ 53.11 \$ 1.52 |
| DIAGNOSTIC AND ANC. PROCED | 0 | | 0 | .00 | .00 | .000 .00 .00 |

| | | | | | | | | | |
|------------------------------|---|---|----|----------|----|--------|------|--------|-------|
| EYE APPLIANCES | 1 | 3 | | 53.11 | | 17.70 | .086 | 53.11 | 1.52 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$ | .00 | \$ | .00 | .000 | .00 | .00 |
| VISITS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @PODIATRIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | .00 | .00 |
| MEDICINE/INJECTIONS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| OTHER | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | .00 | .00 |
| NURSE ANESTHESIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | .00 | .00 |
| NURSE MIDWIFE | 0 | 0 | \$ | .00 | \$ | .00 | .000 | .00 | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | .00 | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | .00 | .00 |
| @TOTAL HOSPITAL | 3 | 7 | \$ | 1,680.00 | \$ | 240.00 | .200 | 560.00 | 48.00 |
| HOSP INPATIENT TOTAL | 2 | 4 | | 1,680.00 | | 420.00 | .114 | 840.00 | 48.00 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 2 | 4 | | 1,680.00 | | 420.00 | .114 | 840.00 | 48.00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 1 | 3 | | .00 | | .00 | .086 | .00 | .00 |
| MEDICAL | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| SURGERY | 1 | 1 | | .00 | | .00 | .029 | .00 | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| RADIOLOGY | 1 | 1 | | .00 | | .00 | .029 | .00 | .00 |
| ROOM USE | 1 | 1 | | .00 | | .00 | .029 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | .00 | .00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,251
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 SANTA BARBARA COUN SUMMARY OF SERVICES FOR MN - SOC - TOTAL

| | 35 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|---------------------------|--------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @COMMUNITY HOSPITAL TOTAL | 3 | | 7 | \$ 1,680.00 | \$ 240.00 | .200 | \$ 560.00 | \$ 48.00 |
| COMM HOSP INPATIENT TOTAL | 2 | | 4 | 1,680.00 | 420.00 | .114 | 840.00 | 48.00 |
| HSC HOSPITALS | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | |
|------------------------------|-----|-----|----|-----------|-----------|-------|------------|------------|
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 2 | 4 | | 1,680.00 | 420.00 | .114 | 840.00 | 48.00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 1 | 3 | | .00 | .00 | .086 | .00 | .00 |
| MEDICAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 1 | 1 | | .00 | .00 | .029 | .00 | .00 |
| PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 1 | 1 | | .00 | .00 | .029 | .00 | .00 |
| ROOM USE | 1 | 1 | | .00 | .00 | .029 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @STATE HOSPITAL | 2 | 0 | \$ | 3,578.91 | \$.00 | .000 | \$ 1789.46 | \$ 102.25 |
| MENTALLY ILL | 2 | 0 | | 3,578.91 | .00 | .000 | 1789.46 | 102.25 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 1 | 1 | \$ | 8.82 | \$ 8.82 | .029 | \$ 8.82 | \$.25 |
| PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| XO AND OTHERS | 1 | 1 | | 8.82 | 8.82 | .029 | 8.82 | .25 |
| @ORGANIZED OUTPATIENT CLINIC | 136 | 234 | \$ | 41,168.62 | \$ 175.93 | 6.686 | \$ 302.71 | \$ 1176.25 |
| CLINIC | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SURGICENTER | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 136 | 234 | | 41,168.62 | 175.93 | 6.686 | 302.71 | 1176.25 |

#CALIF DEPT OF HEALTH SERV MOP024
 SANTA BARBARA COUN

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR MN - SOC - TOTAL

PAGE 13,252
 01/29/04

| | 35 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|---------------------------|--------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @ALL OTHER PROVIDERS | 7 | | 16 | \$ 1,082.72 | \$ 67.67 | .457 | \$ 154.67 | \$ 30.93 |
| DURABLE MED. EQUIP. | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 1 | | 1 | 105.00 | 105.00 | .029 | 105.00 | 3.00 |

| | | | | | | | |
|--------------------------------|---|----|-------------|------------|------|-----------|----------|
| IHMC, MODEL-NF, NF, AIDS, MSSP | 1 | 4 | 798.90 | 199.73 | .114 | 798.90 | 22.83 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 5 | 11 | 178.82 | 16.26 | .314 | 35.76 | 5.11 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @XOVER EXCLUDING STATE HOSP** | 3 | 1 | \$ 1,688.82 | \$ 1688.82 | .029 | \$ 562.94 | \$ 48.25 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| | | | |
|----------------------------|--|--|-------------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES | MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | PAGE 13,253 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | 01/29/04 |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED | AID CODE 13 | |

| 125 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE | | |
|----------------------------|-------|-------------------------------------|---------------|------------------------------|------------------------|------------------|----------------------|
| | | | | | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 485 | 12,731 | \$ 382,142.43 | \$ 30.02 | 101.848 | \$ 787.92 | \$ 3057.14 |
| @PHYSICIANS SERVICES | 18 | 25 | \$ 358.44 | \$ 14.34 | .200 | \$ 19.91 | \$ 2.87 |
| OUTPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OFFICE VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 18 | 25 | 358.44 | 14.34 | .200 | 19.91 | 2.87 |
| @PHARMACY | 149 | 782 | \$ 38,993.22 | \$ 49.86 | 6.256 | \$ 261.70 | \$ 311.95 |
| PRESCRIPTION DRUGS | 147 | 771 | 38,653.11 | 50.13 | 6.168 | 262.95 | 309.22 |

| | | | | | | | | | |
|-------------------------|-----|-----|----|-----------|----|--------|-------|--------|--------|
| SNF/ICF | 140 | 757 | | 37,491.54 | | 49.53 | 6.056 | 267.80 | 299.93 |
| OUTPATIENTS | 7 | 14 | | 1,161.57 | | 82.97 | .112 | 165.94 | 9.29 |
| MEDICAL SUPPLIES | 7 | 11 | | 340.11 | | 30.92 | .088 | 48.59 | 2.72 |
| @DENTIST | 299 | 957 | \$ | 54,579.25 | \$ | 57.03 | 7.656 | 182.54 | 436.63 |
| VISITS - DIAGNOSTIC | 220 | 623 | | 11,388.25 | | 18.28 | 4.984 | 51.76 | 91.11 |
| ORAL SURGERY | 20 | 116 | | 5,765.00 | | 49.70 | .928 | 288.25 | 46.12 |
| DRUGS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ANESTHESIA | 2 | 2 | | 200.00 | | 100.00 | .016 | 100.00 | 1.60 |
| PERIODONTICS | 31 | 31 | | 6,055.00 | | 195.32 | .248 | 195.32 | 48.44 |
| ENDODONTICS | 2 | 3 | | 645.00 | | 215.00 | .024 | 322.50 | 5.16 |
| RESTORATIVE DENTISTRY | 14 | 32 | | 3,229.00 | | 100.91 | .256 | 230.64 | 25.83 |
| PROSTHETICS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 66 | 150 | | 27,297.00 | | 181.98 | 1.200 | 413.59 | 218.38 |
| SPACE MAINTAINERS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 1 | 0 | | .00 | | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,254
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED AID CODE 13

| 125 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE | | |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| | | | | | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @OPTOMETRIST | 4 | 6 | \$ 150.31 | \$ 25.05 | .048 | \$ 37.58 | \$ 1.20 |
| DIAGNOSTIC AND ANC. PROCED | 1 | 1 | 23.73 | 23.73 | .008 | 23.73 | .19 |
| EYE APPLIANCES | 3 | 5 | 126.58 | 25.32 | .040 | 42.19 | 1.01 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 18 | 21 | \$ 129.66 | \$ 6.17 | .168 | \$ 7.20 | \$ 1.04 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER | 18 | 21 | 129.66 | 6.17 | .168 | 7.20 | 1.04 |
| @HOME HEALTH AGENCY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE ANESTHESIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NURSE MIDWIFE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @TOTAL HOSPITAL | 8 | 84 | \$ 3,427.61 | \$ 40.80 | .672 | \$ 428.45 | \$ 27.42 |
| HOSP INPATIENT TOTAL | 5 | 56 | 3,125.75 | 55.82 | .448 | 625.15 | 25.01 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 5 | 56 | 3,125.75 | 55.82 | .448 | 625.15 | 25.01 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 3 | 28 | 301.86 | 10.78 | .224 | 100.62 | 2.41 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 3 | 28 | 301.86 | 10.78 | .224 | 100.62 | 2.41 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |

| | | | | | | | |
|-----------------------------|---|---|-----|-----|------|-----|-----|
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| 125 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | ----- MONTHLY AVERAGE ----- | | |
|------------------------------|-------|-------------------------------------|---------------|------------------------------|-----------------------------|------------------|----------------------|
| | | | | | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 8 | 84 | \$ 3,427.61 | \$ 40.80 | .672 | \$ 428.45 | \$ 27.42 |
| COMM HOSP INPATIENT TOTAL | 5 | 56 | 3,125.75 | 55.82 | .448 | 625.15 | 25.01 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 5 | 56 | 3,125.75 | 55.82 | .448 | 625.15 | 25.01 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 3 | 28 | 301.86 | 10.78 | .224 | 100.62 | 2.41 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 3 | 28 | 301.86 | 10.78 | .224 | 100.62 | 2.41 |
| @STATE HOSPITAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 106 | 3,166 | \$ 276,257.08 | \$ 87.26 | 25.328 | \$ 2606.20 | \$ 2210.06 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 106 | 3,166 | 276,257.08 | 87.26 | 25.328 | 2606.20 | 2210.06 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DDH | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @REHABILITATION FACILITY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INDEPENDENT FACILITY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| XO AND OTHERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 3 | 3 | \$ 485.22 | \$ 161.74 | .024 | \$ 161.74 | \$ 3.88 |
| CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGICENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 3 | 3 | 485.22 | 161.74 | .024 | 161.74 | 3.88 |

| 125 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | ----- MONTHLY AVERAGE ----- | | |
|----------------------|-------|-------------------------------------|--------------|------------------------------|-----------------------------|------------------|----------------------|
| | | | | | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @ALL OTHER PROVIDERS | 20 | 7,687 | \$ 7,761.64 | \$ 1.01 | 61.496 | \$ 388.08 | \$ 62.09 |

| | | | | | | | |
|-------------------------------|----|-------|-----------|---------|--------|---------|--------|
| DURABLE MED. EQUIP. | 4 | 13 | 4,323.38 | 332.57 | .104 | 1080.85 | 34.59 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 1 | 1 | 1,237.55 | 1237.55 | .008 | 1237.55 | 9.90 |
| MEDICAL TRANSPORTATION | 2 | 19 | 63.51 | 3.34 | .152 | 31.76 | .51 |
| AMBULANCES/AIR TRANS | 1 | 1 | 7.41 | 7.41 | .008 | 7.41 | .06 |
| OTHER TRANS | 1 | 18 | 56.10 | 3.12 | .144 | 56.10 | .45 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 1 | 1 | 1.38 | 1.38 | .008 | 1.38 | .01 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 5 | 11 | 534.10 | 48.55 | .088 | 106.82 | 4.27 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 8 | 7,642 | 1,601.72 | .21 | 61.136 | 200.22 | 12.81 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @XOVER EXCLUDING STATE HOSP** | 52 | 75 | 14,006.96 | 186.76 | .600 | 269.36 | 112.06 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,257
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | MONTHLY AVERAGE | | | |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 10 | 43 | \$ 4,546.66 | \$ 105.74 | .000 | \$ 454.67 | \$.00 |
| @PHYSICIANS SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OFFICE VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|----------------------------|---|----|-------------|-----------|------|-----------|--------|
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PHARMACY | 3 | 4 | \$ 1,567.81 | \$ 391.95 | .000 | \$ 522.60 | \$.00 |
| PRESCRIPTION DRUGS | 3 | 4 | 1,567.81 | 391.95 | .000 | 522.60 | .00 |
| SNF/ICF | 2 | 2 | 601.97 | 300.99 | .000 | 300.99 | .00 |
| OUTPATIENTS | 1 | 2 | 965.84 | 482.92 | .000 | 965.84 | .00 |
| MEDICAL SUPPLIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @DENTIST | 6 | 36 | \$ 2,420.00 | \$ 67.22 | .000 | \$ 403.33 | \$.00 |
| VISITS - DIAGNOSTIC | 3 | 16 | 200.00 | 12.50 | .000 | 66.67 | .00 |
| ORAL SURGERY | 2 | 14 | 736.00 | 52.57 | .000 | 368.00 | .00 |
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PERIODONTICS | 1 | 2 | 304.00 | 152.00 | .000 | 304.00 | .00 |
| ENDODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESTORATIVE DENTISTRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 2 | 4 | 1,180.00 | 295.00 | .000 | 590.00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MOP024
 SANTA BARBARA COUN

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND

AID CODE 23

PAGE 13,258
 01/29/04

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @OPTOMETRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EYE APPLIANCES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE ANESTHESIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE MIDWIFE | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @TOTAL HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|-----------------------------|---|---|-----|-----|------|-----|-----|
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,259
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|-----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @COMMUNITY HOSPITAL TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @STATE HOSPITAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | | | |
|------------------------------|---|---|----|--------|----|--------|------|-----|--------|-----|
| LEV B-REGULAR | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ |
| ICF DDH | 0 | 0 | | .00 | | .00 | .000 | | .00 | |
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | | .00 | |
| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | .000 | | .00 | |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | .000 | | .00 | |
| @LABORATORY FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | |
| XO AND OTHERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | |
| @ORGANIZED OUTPATIENT CLINIC | 2 | 3 | \$ | 558.85 | \$ | 186.28 | .000 | \$ | 279.43 | \$ |
| CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | |

| | | | | | | | |
|---------------------|---|---|--------|--------|------|--------|-----|
| SURGICENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 2 | 3 | 558.85 | 186.28 | .000 | 279.43 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,260
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|-------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @ALL OTHER PROVIDERS | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | .00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | .00 | \$.00 | .000 | \$.00 | \$.00 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| | | |
|----------------------------|---|-------------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | PAGE 13,261 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | 01/29/04 |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED | AID CODE 63 |

| 137 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|-----------------------|-------|-------------------------------------|---------------|------------------------------|------------------------|------------------|----------------------|
| @TOTAL, ALL PROVIDERS | 291 | 17,957 | \$ 675,396.51 | \$ 37.61 | 131.073 | \$ 2320.95 | \$ 4929.90 |
| @PHYSICIANS SERVICES | 37 | 172 | \$ 5,211.94 | \$ 30.30 | 1.255 | \$ 140.86 | \$ 38.04 |
| OUTPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OFFICE VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 15 | 111 | 4,432.76 | 39.93 | .810 | 295.52 | 32.36 |
| HOSPITAL VISITS | 11 | 73 | 2,758.86 | 37.79 | .533 | 250.81 | 20.14 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | | |
|----------------------------|-----|--------|----|-----------|----|--------|--------|-----------|-----------|
| SNF/ICF/TRANS IP CARE | 5 | 38 | | 1,673.90 | | 44.05 | .277 | 334.78 | 12.22 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 1 | 7 | | 136.04 | | 19.43 | .051 | 136.04 | .99 |
| PRINCIPAL SURGEON | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 1 | 7 | | 136.04 | | 19.43 | .051 | 136.04 | .99 |
| DIALYSIS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| RADIOLOGY | 6 | 10 | | 121.55 | | 12.16 | .073 | 20.26 | .89 |
| PSYCHIATRY | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 21 | 44 | | 521.59 | | 11.85 | .321 | 24.84 | 3.81 |
| @PHARMACY | 141 | 11,943 | \$ | 88,981.88 | \$ | 7.45 | 87.175 | \$ 631.08 | \$ 649.50 |
| PRESCRIPTION DRUGS | 137 | 830 | | 86,761.23 | | 104.53 | 6.058 | 633.29 | 633.29 |
| SNF/ICF | 130 | 817 | | 85,974.41 | | 105.23 | 5.964 | 661.34 | 627.55 |
| OUTPATIENTS | 7 | 13 | | 786.82 | | 60.52 | .095 | 112.40 | 5.74 |
| MEDICAL SUPPLIES | 15 | 11,113 | | 2,220.65 | | .20 | 81.117 | 148.04 | 16.21 |
| @DENTIST | 94 | 364 | \$ | 14,651.80 | \$ | 40.25 | 2.657 | \$ 155.87 | \$ 106.95 |
| VISITS - DIAGNOSTIC | 81 | 276 | | 4,193.00 | | 15.19 | 2.015 | 51.77 | 30.61 |
| ORAL SURGERY | 7 | 22 | | 661.00 | | 30.05 | .161 | 94.43 | 4.82 |
| DRUGS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| PERIODONTICS | 22 | 34 | | 6,400.00 | | 188.24 | .248 | 290.91 | 46.72 |
| ENDODONTICS | 1 | 1 | | 215.00 | | 215.00 | .007 | 215.00 | 1.57 |
| RESTORATIVE DENTISTRY | 5 | 16 | | 869.00 | | 54.31 | .117 | 173.80 | 6.34 |
| PROSTHETICS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 5 | 13 | | 2,313.80 | | 177.98 | .095 | 462.76 | 16.89 |
| SPACE MAINTAINERS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 2 | 2 | | .00 | | .00 | .015 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,262
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63

| 137 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | ----- MONTHLY AVERAGE ----- | | |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|-----------------------------|------------------|----------------------|
| | | | | | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @OPTOMETRIST | 12 | 28 | \$ 524.84 | \$ 18.74 | .204 | \$ 43.74 | \$ 3.83 |
| DIAGNOSTIC AND ANC. PROCED | 3 | 3 | 72.78 | 24.26 | .022 | 24.26 | .53 |
| EYE APPLIANCES | 9 | 25 | 452.06 | 18.08 | .182 | 50.23 | 3.30 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 15 | 17 | \$ 60.43 | \$ 3.55 | .124 | \$ 4.03 | \$.44 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER | 15 | 17 | 60.43 | 3.55 | .124 | 4.03 | .44 |
| @HOME HEALTH AGENCY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE ANESTHESIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NURSE MIDWIFE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |

| | | | | | | | | | | | |
|-----------------------------|---|----|----|----------|----|-------|------|----|--------|----|-------------|
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| @TOTAL HOSPITAL | 8 | 69 | \$ | 3,121.95 | \$ | 45.25 | .504 | \$ | 390.24 | \$ | 22.79 |
| HOSP INPATIENT TOTAL | 5 | 35 | | 2,842.42 | | 81.21 | .255 | | 568.48 | | 20.75 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | 5 | 35 | | 2,842.42 | | 81.21 | .255 | | 568.48 | | 20.75 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HOSP OUTPATIENT TOTAL | 3 | 34 | | 279.53 | | 8.22 | .248 | | 93.18 | | 2.04 |
| MEDICAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ROOM USE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 3 | 34 | | 279.53 | | 8.22 | .248 | | 93.18 | | 2.04 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| MEDICAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ROOM USE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | | | | | | | | | | PAGE 13,263 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | | | | 01/29/04 |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63 | | | | | | | | | | |

| 137 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | | |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 8 | 69 | \$ 3,121.95 | \$ 45.25 | .504 | \$ 390.24 | \$ 22.79 |
| COMM HOSP INPATIENT TOTAL | 5 | 35 | 2,842.42 | 81.21 | .255 | 568.48 | 20.75 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 5 | 35 | 2,842.42 | 81.21 | .255 | 568.48 | 20.75 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 3 | 34 | 279.53 | 8.22 | .248 | 93.18 | 2.04 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | |
|------------------------------|-----|-------|----|------------|--------|--------|----------|---------|
| CROSSOVERS/ALL OTH OUTPTNT | 3 | 34 | | 279.53 | 8.22 | .248 | 93.18 | 2.04 |
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | .00 | .000 | .00 | .00 |
| MENTALLY ILL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 115 | 3,313 | \$ | 541,616.10 | 163.48 | 24.182 | 4709.71 | 3953.40 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 16 | 502 | | 291,195.14 | 580.07 | 3.664 | 18199.70 | 2125.51 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 99 | 2,811 | | 250,420.96 | 89.09 | 20.518 | 2529.50 | 1827.89 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$ | .00 | .00 | .000 | .00 | .00 |
| ICF DDH | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 1 | 4 | \$ | 57.13 | 14.28 | .029 | 57.13 | .42 |
| PATHOLOGY | 1 | 4 | | 57.13 | 14.28 | .029 | 57.13 | .42 |
| XO AND OTHERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 30 | 36 | \$ | 6,450.81 | 179.19 | .263 | 215.03 | 47.09 |
| CLINIC | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SURGICENTER | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 30 | 36 | | 6,450.81 | 179.19 | .263 | 215.03 | 47.09 |

#CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63

PAGE 13,264
01/29/04

| 137 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | | |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @ALL OTHER PROVIDERS | 33 | 2,011 | \$ 14,719.63 | \$ 7.32 | 14.679 | \$ 446.05 | \$ 107.44 |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 6 | 442 | 1,443.72 | 3.27 | 3.226 | 240.62 | 10.54 |
| AMBULANCES/AIR TRANS | 2 | 6 | 243.23 | 40.54 | .044 | 121.62 | 1.78 |
| OTHER TRANS | 3 | 423 | 1,187.55 | 2.81 | 3.088 | 395.85 | 8.67 |
| OTHER SERVICES | 1 | 13 | 12.94 | 1.00 | .095 | 12.94 | .09 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 8 | 163 | 11,282.37 | 69.22 | 1.190 | 1410.30 | 82.35 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 3 | 6 | 32.65 | 5.44 | .044 | 10.88 | .24 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 2 | 17 | 394.47 | 23.20 | .124 | 197.24 | 2.88 |
| SPEECH AND AUDIOLOGY | 10 | 26 | 1,215.82 | 46.76 | .190 | 121.58 | 8.87 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 1 | 2 | 20.80 | 10.40 | .015 | 20.80 | .15 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|-------------------------------|----|-------|--------------|----------|-------|-----------|----------|
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 9 | 1,355 | 329.80 | .24 | 9.891 | 36.64 | 2.41 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 55 | 1,197 | \$ 13,066.66 | \$ 10.92 | 8.737 | \$ 237.58 | \$ 95.38 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| | | | |
|----------------------------|------------------------------------|--|--------------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES | MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | PAGE 13,265 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | 01/29/04 |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR | MN - LONG TERM CARE - FAMILIES | DISCONTINUED |

| | 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|-----------------------|--------------|-------|-------------------------------------|--------------|------------------------------|--|------------------|----------------------|
| @TOTAL, ALL PROVIDERS | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| @PHYSICIANS SERVICES | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |

| | | | | | | | |
|----------------------------|---|---|--------|--------|------|--------|--------|
| OUTPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OFFICE VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PHARMACY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| PRESCRIPTION DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL SUPPLIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @DENTIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS - DIAGNOSTIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PERIODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ENDODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESTORATIVE DENTISTRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED

PAGE 13,266
01/29/04

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @OPTOMETRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EYE APPLIANCES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | | | | |
|------------------------------|---|---|----|-----|----|-----|------|-----|-----|-----|-----|
| OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 | |
| @PODIATRIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| MEDICINE/INJECTIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY/ANES. | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIO./PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| NURSE ANESTHESIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| NURSE MIDWIFE | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| @TOTAL HOSPITAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSP INPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HOSP OUTPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| MEDICAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ROOM USE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| MEDICAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ROOM USE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,267
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED

| | | | | | ----- MONTHLY AVERAGE ----- | | | |
|---------------------------|-------|-------------------------------------|--------------|------------------------------|-----------------------------|------------------|----------------------|--|
| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE | |
| @COMMUNITY HOSPITAL TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | .00 | |
| COMM HOSP INPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .00 | |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .00 | |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | | .00 | .00 | |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .00 | |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .00 | |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .00 | |

| | | | | | | | | | |
|------------------------------|---|---|----|-----|----|-----|------|-----|-----|
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 |
| MENTALLY ILL | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 |
| ICF DDH | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| XO AND OTHERS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 |
| CLINIC | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,268
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED

| | | | | | ----- MONTHLY AVERAGE ----- | | | |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|-----------------------------|------------------|----------------------|--|
| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE | |
| @ALL OTHER PROVIDERS | 0 | 0 | \$ | .00 | .000 | \$ | .00 | |
| DURABLE MED. EQUIP. | 0 | 0 | | .00 | .000 | | .00 | |
| BLOOD BANK | 0 | 0 | | .00 | .000 | | .00 | |
| HEARING AID DISPENSERS | 0 | 0 | | .00 | .000 | | .00 | |
| MEDICAL TRANSPORTATION | 0 | 0 | | .00 | .000 | | .00 | |
| AMBULANCES/AIR TRANS | 0 | 0 | | .00 | .000 | | .00 | |
| OTHER TRANS | 0 | 0 | | .00 | .000 | | .00 | |
| OTHER SERVICES | 0 | 0 | | .00 | .000 | | .00 | |
| ACUPUNCTURE | 0 | 0 | | .00 | .000 | | .00 | |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | | .00 | .000 | | .00 | |
| GENETIC DISEASE TESTING | 0 | 0 | | .00 | .000 | | .00 | |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | 0 | | .00 | .000 | | .00 | |
| OCCUPATIONAL THERAPIST | 0 | 0 | | .00 | .000 | | .00 | |
| OPTICIAN | 0 | 0 | | .00 | .000 | | .00 | |
| PHYSICAL THERAPIST | 0 | 0 | | .00 | .000 | | .00 | |

| | | | | | | | |
|-------------------------------|---|---|-----|--------|------|--------|--------|
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | .00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | .00 | \$.00 | .000 | \$.00 | \$.00 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| | | | |
|----------------------------|---|--|-------------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES | MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | PAGE 13,269 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | 01/29/04 |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL | | |

| 262 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE | | |
|----------------------------|-------|-------------------------------------|-----------------|------------------------------|------------------------|------------------|----------------------|
| | | | | | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 786 | 30,731 | \$ 1,062,085.60 | \$ 34.56 | 117.294 | \$ 1351.25 | \$ 4053.76 |
| @PHYSICIANS SERVICES | 55 | 197 | \$ 5,570.38 | \$ 28.28 | .752 | \$ 101.28 | \$ 21.26 |
| OUTPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OFFICE VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRI PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 15 | 111 | 4,432.76 | 39.93 | .424 | 295.52 | 16.92 |
| HOSPITAL VISITS | 11 | 73 | 2,758.86 | 37.79 | .279 | 250.81 | 10.53 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 5 | 38 | 1,673.90 | 44.05 | .145 | 334.78 | 6.39 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 1 | 7 | 136.04 | 19.43 | .027 | 136.04 | .52 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 1 | 7 | 136.04 | 19.43 | .027 | 136.04 | .52 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 6 | 10 | 121.55 | 12.16 | .038 | 20.26 | .46 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 39 | 69 | 880.03 | 12.75 | .263 | 22.56 | 3.36 |
| @PHARMACY | 293 | 12,729 | \$ 129,542.91 | \$ 10.18 | 48.584 | \$ 442.13 | \$ 494.44 |
| PRESCRIPTION DRUGS | 287 | 1,605 | 126,982.15 | 79.12 | 6.126 | 442.45 | 484.66 |
| SNF/ICF | 272 | 1,576 | 124,067.92 | 78.72 | 6.015 | 456.13 | 473.54 |
| OUTPATIENTS | 15 | 29 | 2,914.23 | 100.49 | .111 | 194.28 | 11.12 |
| MEDICAL SUPPLIES | 22 | 11,124 | 2,560.76 | .23 | 42.458 | 116.40 | 9.77 |
| @DENTIST | 399 | 1,357 | \$ 71,651.05 | \$ 52.80 | 5.179 | \$ 179.58 | \$ 273.48 |

| | | | | | | | |
|-------------------------|-----|-----|-----------|--------|-------|--------|--------|
| VISITS - DIAGNOSTIC | 304 | 915 | 15,781.25 | 17.25 | 3.492 | 51.91 | 60.23 |
| ORAL SURGERY | 29 | 152 | 7,162.00 | 47.12 | .580 | 246.97 | 27.34 |
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 2 | 2 | 200.00 | 100.00 | .008 | 100.00 | .76 |
| PERIODONTICS | 54 | 67 | 12,759.00 | 190.43 | .256 | 236.28 | 48.70 |
| ENDODONTICS | 3 | 4 | 860.00 | 215.00 | .015 | 286.67 | 3.28 |
| RESTORATIVE DENTISTRY | 19 | 48 | 4,098.00 | 85.38 | .183 | 215.68 | 15.64 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 73 | 167 | 30,790.80 | 184.38 | .637 | 421.79 | 117.52 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 3 | 2 | .00 | .00 | .008 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,270
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

| 262 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | | |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @OPTOMETRIST | 16 | 34 | \$ 675.15 | \$ 19.86 | .130 | \$ 42.20 | \$ 2.58 |
| DIAGNOSTIC AND ANC. PROCED | 4 | 4 | 96.51 | 24.13 | .015 | 24.13 | .37 |
| EYE APPLIANCES | 12 | 30 | 578.64 | 19.29 | .115 | 48.22 | 2.21 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 33 | 38 | \$ 190.09 | \$ 5.00 | .145 | \$ 5.76 | \$.73 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER | 33 | 38 | 190.09 | 5.00 | .145 | 5.76 | .73 |
| @HOME HEALTH AGENCY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE ANESTHESIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NURSE MIDWIFE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @TOTAL HOSPITAL | 16 | 153 | \$ 6,549.56 | \$ 42.81 | .584 | \$ 409.35 | \$ 25.00 |
| HOSP INPATIENT TOTAL | 10 | 91 | 5,968.17 | 65.58 | .347 | 596.82 | 22.78 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 10 | 91 | 5,968.17 | 65.58 | .347 | 596.82 | 22.78 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 6 | 62 | 581.39 | 9.38 | .237 | 96.90 | 2.22 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 6 | 62 | 581.39 | 9.38 | .237 | 96.90 | 2.22 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| 262 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|------------------------------|-------|-------------------------------------|---------------|------------------------------|---|------------------|----------------------|
| @COMMUNITY HOSPITAL TOTAL | 16 | 153 | \$ 6,549.56 | \$ 42.81 | .584 | \$ 409.35 | \$ 25.00 |
| COMM HOSP INPATIENT TOTAL | 10 | 91 | 5,968.17 | 65.58 | .347 | 596.82 | 22.78 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 10 | 91 | 5,968.17 | 65.58 | .347 | 596.82 | 22.78 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 6 | 62 | 581.39 | 9.38 | .237 | 96.90 | 2.22 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 6 | 62 | 581.39 | 9.38 | .237 | 96.90 | 2.22 |
| @STATE HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 221 | 6,479 | \$ 817,873.18 | \$ 126.23 | 24.729 | \$ 3700.78 | \$ 3121.65 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 16 | 502 | 291,195.14 | 580.07 | 1.916 | 18199.70 | 1111.43 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 205 | 5,977 | 526,678.04 | 88.12 | 22.813 | 2569.16 | 2010.22 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INDEPENDENT FACILITY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 1 | 4 | \$ 57.13 | \$ 14.28 | .015 | \$ 57.13 | \$.22 |
| PATHOLOGY | 1 | 4 | 57.13 | 14.28 | .015 | 57.13 | .22 |
| XO AND OTHERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 35 | 42 | \$ 7,494.88 | \$ 178.45 | .160 | \$ 214.14 | \$ 28.61 |
| CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGICENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 35 | 42 | 7,494.88 | 178.45 | .160 | 214.14 | 28.61 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,272
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

| 262 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|------------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @ALL OTHER PROVIDERS | 53 | 9,698 | \$ 22,481.27 | \$ 2.32 | 37.015 | \$ 424.17 | \$ 85.81 |
| DURABLE MED. EQUIP. | 4 | 13 | 4,323.38 | 332.57 | .050 | 1080.85 | 16.50 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 1 | 1 | 1,237.55 | 1237.55 | .004 | 1237.55 | 4.72 |
| MEDICAL TRANSPORTATION | 8 | 461 | 1,507.23 | 3.27 | 1.760 | 188.40 | 5.75 |

| | | | | | | | |
|-------------------------------|-----|-------|--------------|----------|--------|-----------|-----------|
| AMBULANCES/AIR TRANS | 3 | 7 | 250.64 | 35.81 | .027 | 83.55 | .96 |
| OTHER TRANS | 4 | 441 | 1,243.65 | 2.82 | 1.683 | 310.91 | 4.75 |
| OTHER SERVICES | 1 | 13 | 12.94 | 1.00 | .050 | 12.94 | .05 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 8 | 163 | 11,282.37 | 69.22 | .622 | 1410.30 | 43.06 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 4 | 7 | 34.03 | 4.86 | .027 | 8.51 | .13 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 2 | 17 | 394.47 | 23.20 | .065 | 197.24 | 1.51 |
| SPEECH AND AUDIOLOGY | 15 | 37 | 1,749.92 | 47.30 | .141 | 116.66 | 6.68 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 1 | 2 | 20.80 | 10.40 | .008 | 20.80 | .08 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 17 | 8,997 | 1,931.52 | .21 | 34.340 | 113.62 | 7.37 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 107 | 1,272 | \$ 27,073.62 | \$ 21.28 | 4.855 | \$ 253.02 | \$ 103.33 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,273
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

| | 1,010 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | ----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|-----------------|--------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @TOTAL, ALL PROVIDERS | 2,541 | 46,795 | \$ | 1,464,176.92 | \$ 31.29 | 46.332 | \$ 576.22 | \$ 1449.68 |
| @PHYSICIANS SERVICES | 159 | 640 | \$ | 25,953.26 | \$ 40.55 | .634 | \$ 163.23 | \$ 25.70 |
| OUTPATIENT VISITS | 55 | 66 | | 5,672.47 | 85.95 | .065 | 103.14 | 5.62 |
| OFFICE VISITS | 2 | 3 | | 85.50 | 28.50 | .003 | 42.75 | .08 |
| HOME VISITS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 52 | 62 | | 5,520.81 | 89.05 | .061 | 106.17 | 5.47 |
| PREVENTIVE CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 1 | 1 | | 66.16 | 66.16 | .001 | 66.16 | .07 |
| INPATIENT VISITS | 26 | 138 | | 6,431.36 | 46.60 | .137 | 247.36 | 6.37 |
| HOSPITAL VISITS | 26 | 133 | | 5,886.06 | 44.26 | .132 | 226.39 | 5.83 |
| CRITICAL CARE | 4 | 5 | | 545.30 | 109.06 | .005 | 136.33 | .54 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 14 | 82 | | 3,269.44 | 39.87 | .081 | 233.53 | 3.24 |
| PRINCIPAL SURGEON | 6 | 10 | | 1,615.58 | 161.56 | .010 | 269.26 | 1.60 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 8 | 72 | | 1,653.86 | 22.97 | .071 | 206.73 | 1.64 |
| OUTPATIENT SURGERY | 4 | 4 | | 373.99 | 93.50 | .004 | 93.50 | .37 |
| PRINCIPAL SURGEON | 4 | 4 | | 373.99 | 93.50 | .004 | 93.50 | .37 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 2 | 3 | | 675.12 | 225.04 | .003 | 337.56 | .67 |
| PATHOLOGY | 15 | 28 | | 1,309.28 | 46.76 | .028 | 87.29 | 1.30 |

| | | | | | | | | | |
|----------------------------|---|--------|----|------------|----|--------|--------|-----------|-------------|
| RADIOLOGY | 52 | 174 | | 4,472.57 | | 25.70 | .172 | 86.01 | 4.43 |
| PSYCHIATRY | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 74 | 145 | | 3,749.03 | | 25.86 | .144 | 50.66 | 3.71 |
| @PHARMACY | 311 | 10,355 | \$ | 66,958.07 | \$ | 6.47 | 10.252 | \$ 215.30 | \$ 66.30 |
| PRESCRIPTION DRUGS | 294 | 1,199 | | 64,445.53 | | 53.75 | 1.187 | 219.20 | 63.81 |
| SNF/ICF | 145 | 772 | | 37,963.20 | | 49.18 | .764 | 261.82 | 37.59 |
| OUTPATIENTS | 150 | 427 | | 26,482.33 | | 62.02 | .423 | 176.55 | 26.22 |
| MEDICAL SUPPLIES | 24 | 9,156 | | 2,512.54 | | .27 | 9.065 | 104.69 | 2.49 |
| @DENTIST | 912 | 3,608 | \$ | 174,730.25 | \$ | 48.43 | 3.572 | \$ 191.59 | \$ 173.00 |
| VISITS - DIAGNOSTIC | 578 | 2,073 | | 29,330.25 | | 14.15 | 2.052 | 50.74 | 29.04 |
| ORAL SURGERY | 132 | 529 | | 22,625.00 | | 42.77 | .524 | 171.40 | 22.40 |
| DRUGS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ANESTHESIA | 8 | 9 | | 500.00 | | 55.56 | .009 | 62.50 | .50 |
| PERIODONTICS | 71 | 73 | | 12,079.00 | | 165.47 | .072 | 170.13 | 11.96 |
| ENDODONTICS | 22 | 30 | | 7,195.00 | | 239.83 | .030 | 327.05 | 7.12 |
| RESTORATIVE DENTISTRY | 155 | 422 | | 30,881.00 | | 73.18 | .418 | 199.23 | 30.58 |
| PROSTHETICS | 4 | 4 | | 140.00 | | 35.00 | .004 | 35.00 | .14 |
| DENTURES, STAYPLATES | 189 | 439 | | 71,980.00 | | 163.96 | .435 | 380.85 | 71.27 |
| SPACE MAINTAINERS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 1 | 2 | | .00 | | .00 | .002 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 18 | 27 | | .00 | | .00 | .027 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | | | | | | | | PAGE 13,274 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | | 01/29/04 |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED | | | | | | | | |

| ----- MONTHLY AVERAGE ----- | | | | | | | | | |
|------------------------------|-------|-------------------------------------|---------------|------------------------------|------------------------|------------------|----------------------|--|--|
| 1,010 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE | | |
| @OPTOMETRIST | 9 | 22 | \$ 375.69 | \$ 17.08 | .022 | \$ 41.74 | \$.37 | | |
| DIAGNOSTIC AND ANC. PROCED | 2 | 2 | 59.32 | 29.66 | .002 | 29.66 | .06 | | |
| EYE APPLIANCES | 6 | 14 | 302.63 | 21.62 | .014 | 50.44 | .30 | | |
| OTHER OPTOMETRIC SERVICES | 1 | 6 | 13.74 | 2.29 | .006 | 13.74 | .01 | | |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 | | |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| @PODIATRIST | 18 | 21 | \$ 129.66 | \$ 6.17 | .021 | \$ 7.20 | \$.13 | | |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| OTHER | 18 | 21 | 129.66 | 6.17 | .021 | 7.20 | .13 | | |
| @HOME HEALTH AGENCY | 1 | 1 | \$ 74.86 | \$ 74.86 | .001 | \$ 74.86 | \$.07 | | |
| NURSE ANESTHESIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 | | |
| NURSE MIDWIFE | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 | | |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 | | |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 | | |
| @TOTAL HOSPITAL | 102 | 710 | \$ 544,545.55 | \$ 766.97 | .703 | \$ 5338.68 | \$ 539.15 | | |
| HOSP INPATIENT TOTAL | 49 | 298 | 536,140.14 | 1799.13 | .295 | 10941.64 | 530.83 | | |
| HSC HOSPITALS | 1 | 1 | 1,195.00 | 1195.00 | .001 | 1195.00 | 1.18 | | |
| NON-HSC HOSPITAL TOTAL | 35 | 239 | 527,883.87 | 2208.72 | .237 | 15082.40 | 522.66 | | |
| ACCOMMODATIONS | 35 | 239 | 149,345.62 | 624.88 | .237 | 4267.02 | 147.87 | | |
| ADMINISTRATIVE DAYS | 2 | 8 | 1,098.68 | 137.34 | .008 | 549.34 | 1.09 | | |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| ALL OTHER ACCOM | 33 | 231 | 148,246.94 | 641.76 | .229 | 4492.33 | 146.78 | | |
| ANCILLARIES | 35 | 0 | 378,538.25 | .00 | .000 | 10815.38 | 374.79 | | |
| INPATIENT CROSSOVERS | 13 | 58 | 7,061.27 | 121.75 | .057 | 543.17 | 6.99 | | |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| HOSP OUTPATIENT TOTAL | 56 | 412 | 8,405.41 | 20.40 | .408 | 150.10 | 8.32 | | |
| MEDICAL | 14 | 18 | 801.34 | 44.52 | .018 | 57.24 | .79 | | |

| | | | | | | | | |
|-----------------------------|----|-----|----|----------|-----------|------|-----------|---------|
| SURGERY | 1 | 1 | | 10.75 | 10.75 | .001 | 10.75 | .01 |
| PATHOLOGY | 33 | 185 | | 1,731.51 | 9.36 | .183 | 52.47 | 1.71 |
| RADIOLOGY | 31 | 49 | | 3,497.79 | 71.38 | .049 | 112.83 | 3.46 |
| ROOM USE | 25 | 28 | | 993.41 | 35.48 | .028 | 39.74 | .98 |
| CROSSOVERS/ALL OTH OUTPTNT | 35 | 131 | | 1,370.61 | 10.46 | .130 | 39.16 | 1.36 |
| @COUNTY HOSPITAL TOTAL | 2 | 2 | \$ | 1,266.37 | \$ 633.19 | .002 | \$ 633.19 | \$ 1.25 |
| CO HOSPITAL INPATIENT TOTAL | 1 | 1 | | 1,195.00 | 1195.00 | .001 | 1195.00 | 1.18 |
| HSC HOSPITALS | 1 | 1 | | 1,195.00 | 1195.00 | .001 | 1195.00 | 1.18 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|----------------------------|---|---|-------|-------|------|-------|-----|
| CO HOSP OUTPATIENT TOTAL | 1 | 1 | 71.37 | 71.37 | .001 | 71.37 | .07 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 1 | 1 | 71.37 | 71.37 | .001 | 71.37 | .07 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,275
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

| | 1,010 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|------------------------------|-----------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @COMMUNITY HOSPITAL TOTAL | 100 | 708 | \$ | 543,279.18 | \$ 767.34 | .701 | \$ 5432.79 | \$ 537.90 |
| COMM HOSP INPATIENT TOTAL | 48 | 297 | | 534,945.14 | 1801.16 | .294 | 11144.69 | 529.65 |
| HSC HOSPITALS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 35 | 239 | | 527,883.87 | 2208.72 | .237 | 15082.40 | 522.66 |
| ACCOMMODATIONS | 35 | 239 | | 149,345.62 | 624.88 | .237 | 4267.02 | 147.87 |
| ADMINISTRATIVE DAYS | 2 | 8 | | 1,098.68 | 137.34 | .008 | 549.34 | 1.09 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 33 | 231 | | 148,246.94 | 641.76 | .229 | 4492.33 | 146.78 |
| ANCILLARIES | 35 | 0 | | 378,538.25 | .00 | .000 | 10815.38 | 374.79 |
| INPATIENT CROSSOVERS | 13 | 58 | | 7,061.27 | 121.75 | .057 | 543.17 | 6.99 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 55 | 411 | | 8,334.04 | 20.28 | .407 | 151.53 | 8.25 |
| MEDICAL | 14 | 18 | | 801.34 | 44.52 | .018 | 57.24 | .79 |
| SURGERY | 1 | 1 | | 10.75 | 10.75 | .001 | 10.75 | .01 |
| PATHOLOGY | 33 | 185 | | 1,731.51 | 9.36 | .183 | 52.47 | 1.71 |
| RADIOLOGY | 31 | 49 | | 3,497.79 | 71.38 | .049 | 112.83 | 3.46 |
| ROOM USE | 25 | 28 | | 993.41 | 35.48 | .028 | 39.74 | .98 |
| CROSSOVERS/ALL OTH OUTPTNT | 34 | 130 | | 1,299.24 | 9.99 | .129 | 38.21 | 1.29 |
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 110 | 3,183 | \$ | 279,187.95 | \$ 87.71 | 3.151 | \$ 2538.07 | \$ 276.42 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 110 | 3,183 | | 279,187.95 | 87.71 | 3.151 | 2538.07 | 276.42 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 6 | 460 | \$ | 13,988.66 | \$ 30.41 | .455 | \$ 2331.44 | \$ 13.85 |
| HOSPITAL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 6 | 460 | | 13,988.66 | 30.41 | .455 | 2331.44 | 13.85 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 10 | 186 | \$ | 1,246.12 | \$ 6.70 | .184 | \$ 124.61 | \$ 1.23 |
| PATHOLOGY | 10 | 186 | | 1,246.12 | 6.70 | .184 | 124.61 | 1.23 |
| XO AND OTHERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 1,077 | 1,499 | \$ | 255,021.41 | \$ 170.13 | 1.484 | \$ 236.79 | \$ 252.50 |
| CLINIC | 2 | 9 | | 823.83 | 91.54 | .009 | 411.92 | .82 |
| SURGICENTER | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 1,075 | 1,490 | | 254,197.58 | 170.60 | 1.475 | 236.46 | 251.68 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,276

| 1,010 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | | |
|-------------------------------|-------|-------------------------------------|---------------|------------------------------|------------------------|------------------|----------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @ALL OTHER PROVIDERS | 179 | 26,110 | \$ 101,965.44 | \$ 3.91 | 25.851 | \$ 569.64 | \$ 100.96 |
| DURABLE MED. EQUIP. | 4 | 13 | 4,323.38 | 332.57 | .013 | 1080.85 | 4.28 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 1 | 1 | 1,237.55 | 1237.55 | .001 | 1237.55 | 1.23 |
| MEDICAL TRANSPORTATION | 31 | 231 | 2,977.52 | 12.89 | .229 | 96.05 | 2.95 |
| AMBULANCES/AIR TRANS | 30 | 213 | 2,921.42 | 13.72 | .211 | 97.38 | 2.89 |
| OTHER TRANS | 1 | 18 | 56.10 | 3.12 | .018 | 56.10 | .06 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 70 | 1,124 | 77,420.61 | 68.88 | 1.113 | 1106.01 | 76.65 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 43 | 151 | 11,566.85 | 76.60 | .150 | 269.00 | 11.45 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 2 | 6 | 135.79 | 22.63 | .006 | 67.90 | .13 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 1 | 1 | 1.38 | 1.38 | .001 | 1.38 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 5 | 11 | 534.10 | 48.55 | .011 | 106.82 | .53 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 24 | 24,572 | 3,768.26 | .15 | 24.329 | 157.01 | 3.73 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | .00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 78 | 177 | \$ 19,714.86 | \$ 111.38 | .175 | \$ 252.75 | \$ 19.52 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
MOP024 FEE-FOR-SERVICE/DENTAL
SANTA BARBARA COUN SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND

PAGE 13,277
01/29/04

| 04 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | | |
|---------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 28 | 104 | \$ 8,199.01 | \$ 78.84 | 26.000 | \$ 292.82 | \$ 2049.75 |
| @PHYSICIANS SERVICES | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| OUTPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OFFICE VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | |
|----------------------------|---|----|----|----------|-----------|--------|-----------|-----------|
| INPATIENT HOSPITAL SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PSYCHIATRY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @PHARMACY | 3 | 4 | \$ | 1,567.81 | \$ 391.95 | 1.000 | \$ 522.60 | \$ 391.95 |
| PRESCRIPTION DRUGS | 3 | 4 | | 1,567.81 | 391.95 | 1.000 | 522.60 | 391.95 |
| SNF/ICF | 2 | 2 | | 601.97 | 300.99 | .500 | 300.99 | 150.49 |
| OUTPATIENTS | 1 | 2 | | 965.84 | 482.92 | .500 | 965.84 | 241.46 |
| MEDICAL SUPPLIES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @DENTIST | 9 | 57 | \$ | 2,670.00 | \$ 46.84 | 14.250 | \$ 296.67 | \$ 667.50 |
| VISITS - DIAGNOSTIC | 6 | 37 | | 450.00 | 12.16 | 9.250 | 75.00 | 112.50 |
| ORAL SURGERY | 2 | 14 | | 736.00 | 52.57 | 3.500 | 368.00 | 184.00 |
| DRUGS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PERIODONTICS | 1 | 2 | | 304.00 | 152.00 | .500 | 304.00 | 76.00 |
| ENDODONTICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RESTORATIVE DENTISTRY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 2 | 4 | | 1,180.00 | 295.00 | 1.000 | 590.00 | 295.00 |
| SPACE MAINTAINERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | | | | | | | |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND | | | | | | | |

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| 04 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @OPTOMETRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EYE APPLIANCES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE ANESTHESIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE MIDWIFE | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @TOTAL HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|-----------------------------|---|---|--------|--------|------|--------|--------|
| NON-HSC HOSPITAL TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | | | | | | |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND | | | | | | |

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| 04 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | | |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| COMM HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @STATE HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | | | | |
|------------------------------|---|---|----|-----|----|-----|------|----|-----|----|-----|
| @NURSING FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REGULAR | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| ICF DDH | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |

| | | | | | | | | | |
|------------------------------|----|----|----|----------|----|--------|-------|-----------|-----------|
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$.00 | \$.00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| XO AND OTHERS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 15 | 31 | \$ | 3,816.55 | \$ | 123.11 | 7.750 | \$ 254.44 | \$ 954.14 |
| CLINIC | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 15 | 31 | | 3,816.55 | | 123.11 | 7.750 | 254.44 | 954.14 |

#CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND

PAGE 13,280 01/29/04

| 04 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|-------------------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @ALL OTHER PROVIDERS | 3 | 12 | \$ 144.65 | \$ 12.05 | 3.000 | \$ 48.22 | \$ 36.16 |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 2 | 11 | 127.14 | 11.56 | 2.750 | 63.57 | 31.79 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 1 | 1 | 17.51 | 17.51 | .250 | 17.51 | 4.38 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 1 | 1 | \$ 17.51 | \$ 17.51 | .250 | \$ 17.51 | \$ 4.38 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| | | |
|--|---|----------------------|
| #CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | PAGE 13,281 01/29/04 |
| | FEE-FOR-SERVICE/DENTAL | |
| | SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED | |

| 1,005 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|-----------------------|-------|-------------------------------------|-----------------|------------------------------|---|------------------|----------------------|
| @TOTAL, ALL PROVIDERS | 3,176 | 31,104 | \$ 1,851,550.20 | \$ 59.53 | 30.949 | \$ 582.98 | \$ 1842.34 |
| @PHYSICIANS SERVICES | 178 | 865 | \$ 27,668.17 | \$ 31.99 | .861 | \$ 155.44 | \$ 27.53 |
| OUTPATIENT VISITS | 22 | 39 | 1,973.79 | 50.61 | .039 | 89.72 | 1.96 |
| OFFICE VISITS | 11 | 21 | 782.30 | 37.25 | .021 | 71.12 | .78 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 12 | 16 | 1,099.97 | 68.75 | .016 | 91.66 | 1.09 |

| | | | | | | | |
|----------------------------|-----|--------|---------------|----------|--------|-----------|-----------|
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 2 | 2 | 91.52 | 45.76 | .002 | 45.76 | .09 |
| INPATIENT VISITS | 22 | 127 | 5,142.81 | 40.49 | .126 | 233.76 | 5.12 |
| HOSPITAL VISITS | 15 | 86 | 3,375.21 | 39.25 | .086 | 225.01 | 3.36 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 8 | 41 | 1,767.60 | 43.11 | .041 | 220.95 | 1.76 |
| OPHTHALMOLOGICAL SERVICES | 1 | 1 | 46.44 | 46.44 | .001 | 46.44 | .05 |
| EXAMINATIONS | 1 | 1 | 46.44 | 46.44 | .001 | 46.44 | .05 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 5 | 25 | 2,127.85 | 85.11 | .025 | 425.57 | 2.12 |
| PRINCIPAL SURGEON | 2 | 2 | 1,577.81 | 788.91 | .002 | 788.91 | 1.57 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 3 | 23 | 550.04 | 23.91 | .023 | 183.35 | .55 |
| OUTPATIENT SURGERY | 6 | 18 | 750.33 | 41.69 | .018 | 125.06 | .75 |
| PRINCIPAL SURGEON | 4 | 5 | 454.30 | 90.86 | .005 | 113.58 | .45 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 2 | 13 | 296.03 | 22.77 | .013 | 148.02 | .29 |
| DIALYSIS | 8 | 11 | 2,475.44 | 225.04 | .011 | 309.43 | 2.46 |
| PATHOLOGY | 5 | 14 | 508.67 | 36.33 | .014 | 101.73 | .51 |
| RADIOLOGY | 34 | 115 | 5,329.26 | 46.34 | .114 | 156.74 | 5.30 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 1 | 20 | 190.00 | 9.50 | .020 | 190.00 | .19 |
| OTHER SERVICES/ALL X-OVERS | 113 | 495 | 9,123.58 | 18.43 | .493 | 80.74 | 9.08 |
| @PHARMACY | 641 | 14,895 | \$ 303,244.11 | \$ 20.36 | 14.821 | \$ 473.08 | \$ 301.74 |
| PRESCRIPTION DRUGS | 626 | 2,787 | 300,106.85 | 107.68 | 2.773 | 479.40 | 298.61 |
| SNF/ICF | 161 | 1,067 | 113,688.50 | 106.55 | 1.062 | 706.14 | 113.12 |
| OUTPATIENTS | 474 | 1,720 | 186,418.35 | 108.38 | 1.711 | 393.29 | 185.49 |
| MEDICAL SUPPLIES | 33 | 12,108 | 3,137.26 | .26 | 12.048 | 95.07 | 3.12 |
| @DENTIST | 938 | 4,036 | \$ 155,571.55 | \$ 38.55 | 4.016 | \$ 165.85 | \$ 154.80 |
| VISITS - DIAGNOSTIC | 642 | 2,629 | 32,233.25 | 12.26 | 2.616 | 50.21 | 32.07 |
| ORAL SURGERY | 139 | 302 | 12,685.25 | 42.00 | .300 | 91.26 | 12.62 |
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 5 | 5 | 145.00 | 29.00 | .005 | 29.00 | .14 |
| PERIODONTICS | 79 | 102 | 14,956.00 | 146.63 | .101 | 189.32 | 14.88 |
| ENDODONTICS | 44 | 57 | 12,310.00 | 215.96 | .057 | 279.77 | 12.25 |
| RESTORATIVE DENTISTRY | 246 | 659 | 58,124.25 | 88.20 | .656 | 236.28 | 57.84 |
| PROSTHETICS | 18 | 20 | 510.00 | 25.50 | .020 | 28.33 | .51 |
| DENTURES, STAYPLATES | 70 | 219 | 21,482.80 | 98.09 | .218 | 306.90 | 21.38 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 1 | 1 | .00 | .00 | .001 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 1 | 4 | 3,125.00 | 781.25 | .004 | 3125.00 | 3.11 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 14 | 38 | .00 | .00 | .038 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED

PAGE 13,282 01/29/04

| | 1,005 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|-----------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @OPTOMETRIST | 24 | 56 | \$ | 1,216.67 | \$ 21.73 | .056 | \$ 50.69 | \$ 1.21 |
| DIAGNOSTIC AND ANC. PROCED | 11 | 9 | | 305.67 | 33.96 | .009 | 27.79 | .30 |
| EYE APPLIANCES | 19 | 47 | | 911.00 | 19.38 | .047 | 47.95 | .91 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$ | .00 | \$.00 | .000 | .00 | .00 |
| VISITS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 32 | 44 | \$ | 368.64 | \$ 8.38 | .044 | \$ 11.52 | \$.37 |
| MEDICINE/INJECTIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | |
|------------------------------|-----|-----|----|------------|---------|------|----------|--------|
| RADIO./PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER | 32 | 44 | | 368.64 | 8.38 | .044 | 11.52 | .37 |
| @HOME HEALTH AGENCY | 0 | 0 | \$ | .00 | .00 | .000 | .00 | .00 |
| NURSE ANESTHESIST | 0 | 0 | \$ | .00 | .00 | .000 | .00 | .00 |
| NURSE MIDWIFE | 0 | 0 | \$ | .00 | .00 | .000 | .00 | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$ | .00 | .00 | .000 | .00 | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$ | .00 | .00 | .000 | .00 | .00 |
| @TOTAL HOSPITAL | 112 | 609 | \$ | 291,970.72 | 479.43 | .606 | 2606.88 | 290.52 |
| HOSP INPATIENT TOTAL | 62 | 248 | | 282,745.18 | 1140.10 | .247 | 4560.41 | 281.34 |
| HSC HOSPITALS | 2 | 39 | | 52,800.00 | 1353.85 | .039 | 26400.00 | 52.54 |
| NON-HSC HOSPITAL TOTAL | 20 | 91 | | 204,355.64 | 2245.67 | .091 | 10217.78 | 203.34 |
| ACCOMMODATIONS | 20 | 91 | | 44,873.87 | 493.12 | .091 | 2243.69 | 44.65 |
| ADMINISTRATIVE DAYS | 2 | 4 | | 925.20 | 231.30 | .004 | 462.60 | .92 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 18 | 87 | | 43,948.67 | 505.16 | .087 | 2441.59 | 43.73 |
| ANCILLARIES | 20 | 0 | | 159,481.77 | .00 | .000 | 7974.09 | 158.69 |
| INPATIENT CROSSOVERS | 40 | 118 | | 25,589.54 | 216.86 | .117 | 639.74 | 25.46 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 53 | 361 | | 9,225.54 | 25.56 | .359 | 174.07 | 9.18 |
| MEDICAL | 12 | 13 | | 470.16 | 36.17 | .013 | 39.18 | .47 |
| SURGERY | 2 | 2 | | 113.53 | 56.77 | .002 | 56.77 | .11 |
| PATHOLOGY | 18 | 132 | | 1,257.59 | 9.53 | .131 | 69.87 | 1.25 |
| RADIOLOGY | 19 | 30 | | 2,858.66 | 95.29 | .030 | 150.46 | 2.84 |
| ROOM USE | 16 | 22 | | 797.08 | 36.23 | .022 | 49.82 | .79 |
| CROSSOVERS/ALL OTH OUTPTNT | 34 | 162 | | 3,728.52 | 23.02 | .161 | 109.66 | 3.71 |
| @COUNTY HOSPITAL TOTAL | 1 | 2 | \$ | 57.99 | 29.00 | .002 | 57.99 | .06 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 1 | 2 | | 57.99 | 29.00 | .002 | 57.99 | .06 |
| MEDICAL | 1 | 1 | | 27.99 | 27.99 | .001 | 27.99 | .03 |
| SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 1 | 1 | | 30.00 | 30.00 | .001 | 30.00 | .03 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,283
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED

| | 1,005 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|---------------------------|-----------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @COMMUNITY HOSPITAL TOTAL | 111 | 607 | \$ | 291,912.73 | \$ 480.91 | .604 | \$ 2629.84 | \$ 290.46 |
| COMM HOSP INPATIENT TOTAL | 62 | 248 | | 282,745.18 | 1140.10 | .247 | 4560.41 | 281.34 |
| HSC HOSPITALS | 2 | 39 | | 52,800.00 | 1353.85 | .039 | 26400.00 | 52.54 |
| NON-HSC HOSPITALS TOTAL | 20 | 91 | | 204,355.64 | 2245.67 | .091 | 10217.78 | 203.34 |
| ACCOMMODATIONS | 20 | 91 | | 44,873.87 | 493.12 | .091 | 2243.69 | 44.65 |
| ADMINISTRATIVE DAYS | 2 | 4 | | 925.20 | 231.30 | .004 | 462.60 | .92 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 18 | 87 | | 43,948.67 | 505.16 | .087 | 2441.59 | 43.73 |
| ANCILLARIES | 20 | 0 | | 159,481.77 | .00 | .000 | 7974.09 | 158.69 |
| INPATIENT CROSSOVERS | 40 | 118 | | 25,589.54 | 216.86 | .117 | 639.74 | 25.46 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | | |
|------------------------------|---|-------|----|------------|-----------|-------|------------|-----------|-------------|
| COMM HOSP OUTPATIENT TOTAL | 52 | 359 | | 9,167.55 | 25.54 | .357 | 176.30 | 9.12 | |
| MEDICAL | 11 | 12 | | 442.17 | 36.85 | .012 | 40.20 | .44 | |
| SURGERY | 2 | 2 | | 113.53 | 56.77 | .002 | 56.77 | .11 | |
| PATHOLOGY | 18 | 132 | | 1,257.59 | 9.53 | .131 | 69.87 | 1.25 | |
| RADIOLOGY | 19 | 30 | | 2,858.66 | 95.29 | .030 | 150.46 | 2.84 | |
| ROOM USE | 15 | 21 | | 767.08 | 36.53 | .021 | 51.14 | .76 | |
| CROSSOVERS/ALL OTH OUTPTNT | 34 | 162 | | 3,728.52 | 23.02 | .161 | 109.66 | 3.71 | |
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 | |
| MENTALLY ILL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| DEVELOP. DISABLED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| @NURSING FACILITY | 118 | 3,483 | \$ | 561,699.16 | \$ 161.27 | 3.466 | \$ 4760.16 | \$ 558.90 | |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| LEV B-REHAB MD | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| LEV B-SUBACUTE HSPTL BASED | 16 | 502 | | 291,195.14 | 580.07 | .500 | 18199.70 | 289.75 | |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| LEV B-REGULAR | 102 | 2,981 | | 270,504.02 | 90.74 | 2.966 | 2652.00 | 269.16 | |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 | |
| ICF DDH | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| ICF DD | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| ICF DDN/DDCN | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| @HEMODIALYSIS TOTAL | 20 | 799 | \$ | 35,385.12 | \$ 44.29 | .795 | \$ 1769.26 | \$ 35.21 | |
| HOSPITAL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| HEMODIALYSIS CENTER | 20 | 799 | | 35,385.12 | 44.29 | .795 | 1769.26 | 35.21 | |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 | |
| HOSPITAL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| @LABORATORY FACILITY | 18 | 64 | \$ | 530.61 | \$ 8.29 | .064 | \$ 29.48 | \$.53 | |
| PATHOLOGY | 16 | 62 | | 463.98 | 7.48 | .062 | 29.00 | .46 | |
| XO AND OTHERS | 2 | 2 | | 66.63 | 33.32 | .002 | 33.32 | .07 | |
| @ORGANIZED OUTPATIENT CLINIC | 1,611 | 2,610 | \$ | 437,728.99 | \$ 167.71 | 2.597 | \$ 271.71 | \$ 435.55 | |
| CLINIC | 9 | 15 | | 1,231.95 | 82.13 | .015 | 136.88 | 1.23 | |
| SURGICENTER | 1 | 1 | | .00 | .00 | .001 | .00 | .00 | |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| RURAL HEALTH CLINIC | 1,601 | 2,594 | | 436,497.04 | 168.27 | 2.581 | 272.64 | 434.33 | |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | | | | | | | | PAGE 13,284 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | | 01/29/04 |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED | | | | | | | | |

| 1,005 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @ALL OTHER PROVIDERS | 145 | 3,643 | \$ 36,166.46 | \$ 9.93 | 3.625 | \$ 249.42 | \$ 35.99 |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 1 | 2 | 108.07 | 54.04 | .002 | 108.07 | .11 |
| MEDICAL TRANSPORTATION | 15 | 512 | 2,224.83 | 4.35 | .509 | 148.32 | 2.21 |
| AMBULANCES/AIR TRANS | 8 | 28 | 847.49 | 30.27 | .028 | 105.94 | .84 |
| OTHER TRANS | 6 | 471 | 1,364.40 | 2.90 | .469 | 227.40 | 1.36 |
| OTHER SERVICES | 1 | 13 | 12.94 | 1.00 | .013 | 12.94 | .01 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 9 | 174 | 12,047.75 | 69.24 | .173 | 1338.64 | 11.99 |
| GENETIC DISEASE TESTING | 2 | 2 | 210.00 | 105.00 | .002 | 105.00 | .21 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 27 | 125 | 11,775.66 | 94.21 | .124 | 436.14 | 11.72 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 3 | 8 | 187.74 | 23.47 | .008 | 62.58 | .19 |
| PHYSICAL THERAPIST | 6 | 70 | 639.65 | 9.14 | .070 | 106.61 | .64 |
| PORTABLE X-RAY | 3 | 6 | 32.65 | 5.44 | .006 | 10.88 | .03 |
| PROSTHETIST/ORTHOTISTS | 3 | 8 | 315.44 | 39.43 | .008 | 105.15 | .31 |
| PROSTHETICS | 3 | 8 | 315.44 | 39.43 | .008 | 105.15 | .31 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|-------------------------------|-----|-------|--------------|-----------|-------|-----------|----------|
| PSYCHOLOGIST | 3 | 19 | 429.54 | 22.61 | .019 | 143.18 | .43 |
| SPEECH AND AUDIOLOGY | 10 | 26 | 1,215.82 | 46.76 | .026 | 121.58 | 1.21 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 47 | 517 | 5,697.81 | 11.02 | .514 | 121.23 | 5.67 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 23 | 2,174 | 1,281.50 | .59 | 2.163 | 55.72 | 1.28 |
| @CALIF. CHILDREN SERVICES* | 1 | 1 | \$ 611.68 | \$ 611.68 | .001 | \$ 611.68 | \$.61 |
| @XOVER EXCLUDING STATE HOSP** | 197 | 1,913 | \$ 51,718.42 | \$ 27.04 | 1.903 | \$ 262.53 | \$ 51.46 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
 MOP024 FEE-FOR-SERVICE/DENTAL

SANTA BARBARA COUN

SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

| 83,024 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE | | |
|----------------------------|--------|-------------------------------------|------------------|------------------------------|------------------------|------------------|----------------------|
| | | | | | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 44,443 | 191,304 | \$ 14,244,680.77 | \$ 74.46 | 2.304 | \$ 320.52 | \$ 171.57 |
| @PHYSICIANS SERVICES | 5,096 | 17,347 | \$ 1,170,441.98 | \$ 67.47 | .209 | \$ 229.68 | \$ 14.10 |
| OUTPATIENT VISITS | 2,615 | 6,910 | 215,969.56 | 31.25 | .083 | 82.59 | 2.60 |
| OFFICE VISITS | 456 | 537 | 28,146.59 | 52.41 | .006 | 61.72 | .34 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 1,187 | 1,328 | 75,839.47 | 57.11 | .016 | 63.89 | .91 |
| PREVENTIVE CARE | 4 | 4 | 233.22 | 58.31 | .000 | 58.31 | .00 |
| OB VISITS/COMPRE PERI | 1,033 | 4,985 | 109,528.54 | 21.97 | .060 | 106.03 | 1.32 |
| OTHER OUTPATIENT | 50 | 56 | 2,221.74 | 39.67 | .001 | 44.43 | .03 |
| INPATIENT VISITS | 623 | 1,797 | 119,259.99 | 66.37 | .022 | 191.43 | 1.44 |
| HOSPITAL VISITS | 586 | 1,295 | 59,415.97 | 45.88 | .016 | 101.39 | .72 |
| CRITICAL CARE | 46 | 502 | 59,844.02 | 119.21 | .006 | 1300.96 | .72 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 1 | 1 | 46.44 | 46.44 | .000 | 46.44 | .00 |
| EXAMINATIONS | 1 | 1 | 46.44 | 46.44 | .000 | 46.44 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 1,082 | 2,688 | 621,615.34 | 231.26 | .032 | 574.51 | 7.49 |
| PRINCIPAL SURGEON | 726 | 777 | 535,179.89 | 688.78 | .009 | 737.16 | 6.45 |
| ASSISTANT SURGEON | 118 | 118 | 21,498.73 | 182.19 | .001 | 182.19 | .26 |
| ANESTHESIOLOGIST | 420 | 1,793 | 64,936.72 | 36.22 | .022 | 154.61 | .78 |
| OUTPATIENT SURGERY | 437 | 928 | 52,733.71 | 56.83 | .011 | 120.67 | .64 |
| PRINCIPAL SURGEON | 379 | 654 | 44,212.13 | 67.60 | .008 | 116.65 | .53 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 74 | 274 | 8,521.58 | 31.10 | .003 | 115.16 | .10 |
| DIALYSIS | 9 | 24 | 3,105.21 | 129.38 | .000 | 345.02 | .04 |
| PATHOLOGY | 1,247 | 2,188 | 31,413.29 | 14.36 | .026 | 25.19 | .38 |
| RADIOLOGY | 1,496 | 2,226 | 95,667.26 | 42.98 | .027 | 63.95 | 1.15 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 145 | 152 | 8,693.50 | 57.19 | .002 | 59.96 | .10 |
| OTHER SERVICES/ALL X-OVERS | 319 | 433 | 21,937.68 | 50.66 | .005 | 68.77 | .26 |
| @PHARMACY | 3,869 | 21,966 | \$ 264,783.01 | \$ 12.05 | .265 | \$ 68.44 | \$ 3.19 |
| PRESCRIPTION DRUGS | 3,704 | 6,566 | 217,860.54 | 33.18 | .079 | 58.82 | 2.62 |
| SNF/ICF | 5 | 15 | 1,402.34 | 93.49 | .000 | 280.47 | .02 |
| OUTPATIENTS | 3,701 | 6,551 | 216,458.20 | 33.04 | .079 | 58.49 | 2.61 |
| MEDICAL SUPPLIES | 318 | 15,400 | 46,922.47 | 3.05 | .185 | 147.55 | .57 |
| @DENTIST | 16,902 | 87,280 | \$ 2,579,242.58 | \$ 29.55 | 1.051 | \$ 152.60 | \$ 31.07 |
| VISITS - DIAGNOSTIC | 11,644 | 56,940 | 756,745.64 | 13.29 | .686 | 64.99 | 9.11 |
| ORAL SURGERY | 2,185 | 4,112 | 216,013.39 | 52.53 | .050 | 98.86 | 2.60 |
| DRUGS | 2,043 | 2,696 | 63,496.20 | 23.55 | .032 | 31.08 | .76 |
| ANESTHESIA | 256 | 263 | 21,536.20 | 81.89 | .003 | 84.13 | .26 |
| PERIODONTICS | 375 | 385 | 56,901.00 | 147.79 | .005 | 151.74 | .69 |
| ENDODONTICS | 1,633 | 2,676 | 297,585.05 | 111.21 | .032 | 182.23 | 3.58 |
| RESTORATIVE DENTISTRY | 6,365 | 17,836 | 1,002,379.04 | 56.20 | .215 | 157.48 | 12.07 |
| PROSTHETICS | 38 | 40 | 1,010.00 | 25.25 | .000 | 26.58 | .01 |
| DENTURES, STAYPLATES | 133 | 551 | 48,264.93 | 87.60 | .007 | 362.89 | .58 |
| SPACE MAINTAINERS | 182 | 202 | 25,743.20 | 127.44 | .002 | 141.45 | .31 |
| MAXILLOFACIAL SERVICES | 55 | 69 | 4,464.14 | 64.70 | .001 | 81.17 | .05 |
| FRACTURES, DISLOCATIONS | 2 | 2 | 417.00 | 208.50 | .000 | 208.50 | .01 |
| ORTHODONTIC SERVICES | 842 | 994 | 83,936.79 | 84.44 | .012 | 99.69 | 1.01 |
| ALL OTHER SERVICES | 333 | 514 | 750.00 | 1.46 | .006 | 2.25 | .01 |

#CALIF DEPT OF HEALTH SERV
MOP024
SANTA BARBARA COUN

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

PAGE 13,286
01/29/04

83,024 ELIGIBLES

USERS

UNITS OF SERVICE
OR DAYS OF CARE

EXPENDITURES

AVERAGE COST
PER UNIT/DAY

MONTHLY AVERAGE
UNITS/DAYS COST PER COST PER
PER ELIG USER ELIGIBLE

| | | | | | | | | | | | |
|------------------------------|---|--------|----|--------------|----|---------|------|----|---------|----|-------------|
| @OPTOMETRIST | 46 | 115 | \$ | 2,256.50 | \$ | 19.62 | .001 | \$ | 49.05 | \$ | .03 |
| DIAGNOSTIC AND ANC. PROCED | 33 | 26 | | 1,065.09 | | 40.97 | .000 | | 32.28 | | .01 |
| EYE APPLIANCES | 35 | 87 | | 1,098.51 | | 12.63 | .001 | | 31.39 | | .01 |
| OTHER OPTOMETRIC SERVICES | 2 | 2 | | 92.90 | | 46.45 | .000 | | 46.45 | | .00 |
| @CHIROPRACTOR | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| VISITS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @PODIATRIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| MEDICINE/INJECTIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY/ANES. | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIO./PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HOME HEALTH AGENCY | 682 | 901 | \$ | 48,536.11 | \$ | 53.87 | .011 | \$ | 71.17 | \$ | .58 |
| NURSE ANESTHESIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| NURSE MIDWIFE | 1 | 4 | \$ | 33.64 | \$ | 8.41 | .000 | \$ | 33.64 | \$ | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| @TOTAL HOSPITAL | 2,610 | 11,526 | \$ | 5,392,753.02 | \$ | 467.88 | .139 | \$ | 2066.19 | \$ | 64.95 |
| HOSP INPATIENT TOTAL | 1,016 | 4,198 | | 5,230,212.27 | | 1245.88 | .051 | | 5147.85 | | 63.00 |
| HSC HOSPITALS | 32 | 120 | | 163,840.12 | | 1365.33 | .001 | | 5120.00 | | 1.97 |
| NON-HSC HOSPITAL TOTAL | 982 | 4,065 | | 5,064,692.15 | | 1245.93 | .049 | | 5157.53 | | 61.00 |
| ACCOMMODATIONS | 982 | 4,065 | | 1,679,927.70 | | 413.27 | .049 | | 1710.72 | | 20.23 |
| ADMINISTRATIVE DAYS | 5 | 43 | | 9,020.71 | | 209.78 | .001 | | 1804.14 | | .11 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 978 | 4,022 | | 1,670,906.99 | | 415.44 | .048 | | 1708.49 | | 20.13 |
| ANCILLARIES | 982 | 0 | | 3,384,764.45 | | .00 | .000 | | 3446.81 | | 40.77 |
| INPATIENT CROSSOVERS | 2 | 13 | | 1,680.00 | | 129.23 | .000 | | 840.00 | | .02 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HOSP OUTPATIENT TOTAL | 1,724 | 7,328 | | 162,540.75 | | 22.18 | .088 | | 94.28 | | 1.96 |
| MEDICAL | 161 | 186 | | 6,340.10 | | 34.09 | .002 | | 39.38 | | .08 |
| SURGERY | 106 | 109 | | 3,885.02 | | 35.64 | .001 | | 36.65 | | .05 |
| PATHOLOGY | 886 | 3,624 | | 33,118.89 | | 9.14 | .044 | | 37.38 | | .40 |
| RADIOLOGY | 564 | 728 | | 49,429.43 | | 67.90 | .009 | | 87.64 | | .60 |
| ROOM USE | 1,079 | 1,288 | | 47,905.93 | | 37.19 | .016 | | 44.40 | | .58 |
| CROSSOVERS/ALL OTH OUTPTNT | 771 | 1,393 | | 21,861.38 | | 15.69 | .017 | | 28.35 | | .26 |
| @COUNTY HOSPITAL TOTAL | 16 | 39 | \$ | 18,008.80 | \$ | 461.76 | .000 | \$ | 1125.55 | \$ | .22 |
| CO HOSPITAL INPATIENT TOTAL | 6 | 15 | | 16,750.01 | | 1116.67 | .000 | | 2791.67 | | .20 |
| HSC HOSPITALS | 6 | 15 | | 16,750.01 | | 1116.67 | .000 | | 2791.67 | | .20 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CO HOSP OUTPATIENT TOTAL | 11 | 24 | | 1,258.79 | | 52.45 | .000 | | 114.44 | | .02 |
| MEDICAL | 2 | 5 | | 181.19 | | 36.24 | .000 | | 90.60 | | .00 |
| SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 3 | 6 | | 57.35 | | 9.56 | .000 | | 19.12 | | .00 |
| RADIOLOGY | 4 | 5 | | 132.93 | | 26.59 | .000 | | 33.23 | | .00 |
| ROOM USE | 2 | 2 | | 85.66 | | 42.83 | .000 | | 42.83 | | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 4 | 6 | | 801.66 | | 133.61 | .000 | | 200.42 | | .01 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | | | | | | | | | | PAGE 13,287 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | | | | 01/29/04 |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES | | | | | | | | | | |

| | 83,024 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|---------------------------|------------------|-------|-------------------------------------|-----------------|------------------------------|---|------------------|----------------------|
| @COMMUNITY HOSPITAL TOTAL | | 2,594 | 11,487 | \$ 5,374,744.22 | \$ 467.90 | .138 | \$ 2071.99 | \$ 64.74 |

| | | | | | | | | | |
|------------------------------|---|--------|----|--------------|----|---------|------|------------|-------------|
| COMM HOSP INPATIENT TOTAL | 1,010 | 4,183 | | 5,213,462.26 | | 1246.35 | .050 | 5161.84 | 62.79 |
| HSC HOSPITALS | 26 | 105 | | 147,090.11 | | 1400.86 | .001 | 5657.31 | 1.77 |
| NON-HSC HOSPITALS TOTAL | 982 | 4,065 | | 5,064,692.15 | | 1245.93 | .049 | 5157.53 | 61.00 |
| ACCOMMODATIONS | 982 | 4,065 | | 1,679,927.70 | | 413.27 | .049 | 1710.72 | 20.23 |
| ADMINISTRATIVE DAYS | 5 | 43 | | 9,020.71 | | 209.78 | .001 | 1804.14 | .11 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 978 | 4,022 | | 1,670,906.99 | | 415.44 | .048 | 1708.49 | 20.13 |
| ANCILLARIES | 982 | 0 | | 3,384,764.45 | | .00 | .000 | 3446.81 | 40.77 |
| INPATIENT CROSSOVERS | 2 | 13 | | 1,680.00 | | 129.23 | .000 | 840.00 | .02 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 1,713 | 7,304 | | 161,281.96 | | 22.08 | .088 | 94.15 | 1.94 |
| MEDICAL | 159 | 181 | | 6,158.91 | | 34.03 | .002 | 38.74 | .07 |
| SURGERY | 106 | 109 | | 3,885.02 | | 35.64 | .001 | 36.65 | .05 |
| PATHOLOGY | 883 | 3,618 | | 33,061.54 | | 9.14 | .044 | 37.44 | .40 |
| RADIOLOGY | 560 | 723 | | 49,296.50 | | 68.18 | .009 | 88.03 | .59 |
| ROOM USE | 1,077 | 1,286 | | 47,820.27 | | 37.19 | .015 | 44.40 | .58 |
| CROSSOVERS/ALL OTH OUTPTNT | 767 | 1,387 | | 21,059.72 | | 15.18 | .017 | 27.46 | .25 |
| @STATE HOSPITAL | 2 | 0 | \$ | 3,578.91 | \$ | .00 | .000 | \$ 1789.46 | \$.04 |
| MENTALLY ILL | 2 | 0 | | 3,578.91 | | .00 | .000 | 1789.46 | .04 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$.00 | \$.00 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 13 | 504 | \$ | 33,249.76 | \$ | 65.97 | .006 | \$ 2557.67 | \$.40 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 13 | 504 | | 33,249.76 | | 65.97 | .006 | 2557.67 | .40 |
| @REHABILITATION FACILITY | 22 | 429 | \$ | 7,013.41 | \$ | 16.35 | .005 | \$ 318.79 | \$.08 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| INDEPENDENT FACILITY | 22 | 429 | | 7,013.41 | | 16.35 | .005 | 318.79 | .08 |
| @LABORATORY FACILITY | 2,610 | 8,424 | \$ | 145,013.43 | \$ | 17.21 | .101 | \$ 55.56 | \$ 1.75 |
| PATHOLOGY | 2,606 | 8,418 | | 144,730.23 | | 17.19 | .101 | 55.54 | 1.74 |
| XO AND OTHERS | 6 | 6 | | 283.20 | | 47.20 | .000 | 47.20 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 17,123 | 26,895 | \$ | 4,345,001.75 | \$ | 161.55 | .324 | \$ 253.75 | \$ 52.33 |
| CLINIC | 271 | 1,029 | | 40,121.03 | | 38.99 | .012 | 148.05 | .48 |
| SURGICENTER | 29 | 86 | | 3,649.65 | | 42.44 | .001 | 125.85 | .04 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 16,832 | 25,780 | | 4,301,231.07 | | 166.84 | .311 | 255.54 | 51.81 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | | | | | | | | PAGE 13,288 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | | 01/29/04 |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES | | | | | | | | |

| 83,024 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | | |
|------------------------|-------|-------------------------------------|---------------|------------------------------|------------------------|------------------|----------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @ALL OTHER PROVIDERS | 4,331 | 15,913 | \$ 252,776.67 | \$ 15.88 | .192 | \$ 58.36 | \$ 3.04 |
| DURABLE MED. EQUIP. | 19 | 135 | 1,069.73 | 7.92 | .002 | 56.30 | .01 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 179 | 1,664 | 29,262.87 | 17.59 | .020 | 163.48 | .35 |
| AMBULANCES/AIR TRANS | 179 | 1,661 | 23,862.87 | 14.37 | .020 | 133.31 | .29 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 3 | 3 | 5,400.00 | 1800.00 | .000 | 1800.00 | .07 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|-------------------------------|-------|--------|---------------|-----------|------|------------|---------|
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 811 | 814 | 84,596.50 | 103.93 | .010 | 104.31 | 1.02 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 38 | 113 | 2,213.78 | 19.59 | .001 | 58.26 | .03 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 38 | 64 | 4,978.27 | 77.79 | .001 | 131.01 | .06 |
| PROSTHETICS | 16 | 31 | 1,060.10 | 34.20 | .000 | 66.26 | .01 |
| ORTHOTICS | 25 | 33 | 3,918.17 | 118.73 | .000 | 156.73 | .05 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 6 | 8 | 282.66 | 35.33 | .000 | 47.11 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 3,249 | 13,114 | 130,358.67 | 9.94 | .158 | 40.12 | 1.57 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 1 | 1 | 14.19 | 14.19 | .000 | 14.19 | .00 |
| @CALIF. CHILDREN SERVICES* | 103 | 3,050 | \$ 793,199.27 | \$ 260.07 | .037 | \$ 7700.96 | \$ 9.55 |
| @XOVER EXCLUDING STATE HOSP** | 4 | 3 | \$ 1,748.72 | \$ 582.91 | .000 | \$ 437.18 | \$.02 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| | | |
|----------------------------|---|-------------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | PAGE 13,289 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | 01/29/04 |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL | |

| 85,043 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|--------|-------------------------------------|------------------|------------------------------|---|------------------|----------------------|
| @TOTAL, ALL PROVIDERS | 50,188 | 269,307 | \$ 17,568,606.90 | \$ 65.24 | 3.167 | \$ 350.06 | \$ 206.58 |
| @PHYSICIANS SERVICES | 5,433 | 18,852 | \$ 1,224,063.41 | \$ 64.93 | .222 | \$ 225.30 | \$ 14.39 |
| OUTPATIENT VISITS | 2,692 | 7,015 | 223,615.82 | 31.88 | .082 | 83.07 | 2.63 |
| OFFICE VISITS | 469 | 561 | 29,014.39 | 51.72 | .007 | 61.86 | .34 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 1,251 | 1,406 | 82,460.25 | 58.65 | .017 | 65.92 | .97 |
| PREVENTIVE CARE | 4 | 4 | 233.22 | 58.31 | .000 | 58.31 | .00 |
| OB VISITS/COMPRE PERI | 1,033 | 4,985 | 109,528.54 | 21.97 | .059 | 106.03 | 1.29 |
| OTHER OUTPATIENT | 53 | 59 | 2,379.42 | 40.33 | .001 | 44.89 | .03 |
| INPATIENT VISITS | 671 | 2,062 | 130,834.16 | 63.45 | .024 | 194.98 | 1.54 |
| HOSPITAL VISITS | 627 | 1,514 | 68,677.24 | 45.36 | .018 | 109.53 | .81 |
| CRITICAL CARE | 50 | 507 | 60,389.32 | 119.11 | .006 | 1207.79 | .71 |
| SNF/ICF/TRANS IP CARE | 8 | 41 | 1,767.60 | 43.11 | .000 | 220.95 | .02 |
| OPHTHALMOLOGICAL SERVICES | 2 | 2 | 92.88 | 46.44 | .000 | 46.44 | .00 |
| EXAMINATIONS | 2 | 2 | 92.88 | 46.44 | .000 | 46.44 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 1,101 | 2,795 | 627,012.63 | 224.33 | .033 | 569.49 | 7.37 |
| PRINCIPAL SURGEON | 734 | 789 | 538,373.28 | 682.35 | .009 | 733.48 | 6.33 |
| ASSISTANT SURGEON | 118 | 118 | 21,498.73 | 182.19 | .001 | 182.19 | .25 |
| ANESTHESIOLOGIST | 431 | 1,888 | 67,140.62 | 35.56 | .022 | 155.78 | .79 |
| OUTPATIENT SURGERY | 447 | 950 | 53,858.03 | 56.69 | .011 | 120.49 | .63 |
| PRINCIPAL SURGEON | 387 | 663 | 45,040.42 | 67.93 | .008 | 116.38 | .53 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 76 | 287 | 8,817.61 | 30.72 | .003 | 116.02 | .10 |
| DIALYSIS | 19 | 38 | 6,255.77 | 164.63 | .000 | 329.25 | .07 |
| PATHOLOGY | 1,267 | 2,230 | 33,231.24 | 14.90 | .026 | 26.23 | .39 |
| RADIOLOGY | 1,582 | 2,515 | 105,469.09 | 41.94 | .030 | 66.67 | 1.24 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 146 | 172 | 8,883.50 | 51.65 | .002 | 60.85 | .10 |
| OTHER SERVICES/ALL X-OVERS | 506 | 1,073 | 34,810.29 | 32.44 | .013 | 68.80 | .41 |

| | | | | | | | | | | | |
|-----------------------|--------|--------|----|--------------|----|--------|-------|----|--------|----|-------|
| @PHARMACY | 4,824 | 47,220 | \$ | 636,553.00 | \$ | 13.48 | .555 | \$ | 131.96 | \$ | 7.49 |
| PRESCRIPTION DRUGS | 4,627 | 10,556 | | 583,980.73 | | 55.32 | .124 | | 126.21 | | 6.87 |
| SNF/ICF | 313 | 1,856 | | 153,656.01 | | 82.79 | .022 | | 490.91 | | 1.81 |
| OUTPATIENTS | 4,326 | 8,700 | | 430,324.72 | | 49.46 | .102 | | 99.47 | | 5.06 |
| MEDICAL SUPPLIES | 375 | 36,664 | | 52,572.27 | | 1.43 | .431 | | 140.19 | | .62 |
| @DENTIST | 18,761 | 94,981 | \$ | 2,912,214.38 | \$ | 30.66 | 1.117 | \$ | 155.23 | \$ | 34.24 |
| VISITS - DIAGNOSTIC | 12,870 | 61,679 | | 818,759.14 | | 13.27 | .725 | | 63.62 | | 9.63 |
| ORAL SURGERY | 2,458 | 4,957 | | 252,059.64 | | 50.85 | .058 | | 102.55 | | 2.96 |
| DRUGS | 2,043 | 2,696 | | 63,496.20 | | 23.55 | .032 | | 31.08 | | .75 |
| ANESTHESIA | 269 | 277 | | 22,181.20 | | 80.08 | .003 | | 82.46 | | .26 |
| PERIODONTICS | 526 | 562 | | 84,240.00 | | 149.89 | .007 | | 160.15 | | .99 |
| ENDODONTICS | 1,699 | 2,763 | | 317,090.05 | | 114.76 | .032 | | 186.63 | | 3.73 |
| RESTORATIVE DENTISTRY | 6,766 | 18,917 | | 1,091,384.29 | | 57.69 | .222 | | 161.30 | | 12.83 |
| PROSTHETICS | 60 | 64 | | 1,660.00 | | 25.94 | .001 | | 27.67 | | .02 |
| DENTURES, STAYPLATES | 394 | 1,213 | | 142,907.73 | | 117.81 | .014 | | 362.71 | | 1.68 |
| SPACE MAINTAINERS | 182 | 202 | | 25,743.20 | | 127.44 | .002 | | 141.45 | | .30 |

| | | | | | | | |
|-------------------------|-----|-----|-----------|--------|------|---------|-----|
| MAXILLOFACIAL SERVICES | 57 | 72 | 4,464.14 | 62.00 | .001 | 78.32 | .05 |
| FRACTURES, DISLOCATIONS | 3 | 6 | 3,542.00 | 590.33 | .000 | 1180.67 | .04 |
| ORTHODONTIC SERVICES | 842 | 994 | 83,936.79 | 84.44 | .012 | 99.69 | .99 |
| ALL OTHER SERVICES | 365 | 579 | 750.00 | 1.30 | .007 | 2.05 | .01 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,290
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

| 85,043 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | | |
|------------------------------|-------|-------------------------------------|-----------------|------------------------------|------------------------|------------------|----------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @OPTOMETRIST | 79 | 193 | \$ 3,848.86 | \$ 19.94 | .002 | \$ 48.72 | \$.05 |
| DIAGNOSTIC AND ANC. PROCED | 46 | 37 | 1,430.08 | 38.65 | .000 | 31.09 | .02 |
| EYE APPLIANCES | 60 | 148 | 2,312.14 | 15.62 | .002 | 38.54 | .03 |
| OTHER OPTOMETRIC SERVICES | 3 | 8 | 106.64 | 13.33 | .000 | 35.55 | .00 |
| @CHIROPRACTOR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 50 | 65 | \$ 498.30 | \$ 7.67 | .001 | \$ 9.97 | \$.01 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER | 50 | 65 | 498.30 | 7.67 | .001 | 9.97 | .01 |
| @HOME HEALTH AGENCY | 683 | 902 | \$ 48,610.97 | \$ 53.89 | .011 | \$ 71.17 | \$.57 |
| NURSE ANESTHESIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NURSE MIDWIFE | 1 | 4 | \$ 33.64 | \$ 8.41 | .000 | \$ 33.64 | \$.00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @TOTAL HOSPITAL | 2,824 | 12,845 | \$ 6,229,269.29 | \$ 484.96 | .151 | \$ 2205.83 | \$ 73.25 |
| HOSP INPATIENT TOTAL | 1,127 | 4,744 | 6,049,097.59 | 1275.10 | .056 | 5367.43 | 71.13 |
| HSC HOSPITALS | 35 | 160 | 217,835.12 | 1361.47 | .002 | 6223.86 | 2.56 |
| NON-HSC HOSPITAL TOTAL | 1,037 | 4,395 | 5,796,931.66 | 1318.98 | .052 | 5590.10 | 68.16 |
| ACCOMMODATIONS | 1,037 | 4,395 | 1,874,147.19 | 426.43 | .052 | 1807.28 | 22.04 |
| ADMINISTRATIVE DAYS | 9 | 55 | 11,044.59 | 200.81 | .001 | 1227.18 | .13 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 1,029 | 4,340 | 1,863,102.60 | 429.29 | .051 | 1810.60 | 21.91 |
| ANCILLARIES | 1,037 | 0 | 3,922,784.47 | .00 | .000 | 3782.82 | 46.13 |
| INPATIENT CROSSOVERS | 55 | 189 | 34,330.81 | 181.64 | .002 | 624.20 | .40 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 1,833 | 8,101 | 180,171.70 | 22.24 | .095 | 98.29 | 2.12 |
| MEDICAL | 187 | 217 | 7,611.60 | 35.08 | .003 | 40.70 | .09 |
| SURGERY | 109 | 112 | 4,009.30 | 35.80 | .001 | 36.78 | .05 |
| PATHOLOGY | 937 | 3,941 | 36,107.99 | 9.16 | .046 | 38.54 | .42 |
| RADIOLOGY | 614 | 807 | 55,785.88 | 69.13 | .009 | 90.86 | .66 |
| ROOM USE | 1,120 | 1,338 | 49,696.42 | 37.14 | .016 | 44.37 | .58 |
| CROSSOVERS/ALL OTH OUTPTNT | 840 | 1,686 | 26,960.51 | 15.99 | .020 | 32.10 | .32 |
| @COUNTY HOSPITAL TOTAL | 19 | 43 | \$ 19,333.16 | \$ 449.61 | .001 | \$ 1017.53 | \$.23 |
| CO HOSPITAL INPATIENT TOTAL | 7 | 16 | 17,945.01 | 1121.56 | .000 | 2563.57 | .21 |
| HSC HOSPITALS | 7 | 16 | 17,945.01 | 1121.56 | .000 | 2563.57 | .21 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 13 | 27 | 1,388.15 | 51.41 | .000 | 106.78 | .02 |
| MEDICAL | 3 | 6 | 209.18 | 34.86 | .000 | 69.73 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 3 | 6 | 57.35 | 9.56 | .000 | 19.12 | .00 |

| | | | | | | | |
|----------------------------|---|---|--------|--------|------|--------|-----|
| RADIOLOGY | 4 | 5 | 132.93 | 26.59 | .000 | 33.23 | .00 |
| ROOM USE | 3 | 3 | 115.66 | 38.55 | .000 | 38.55 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 5 | 7 | 873.03 | 124.72 | .000 | 174.61 | .01 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,291
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

| | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|------------------------------|--------|-------------------------------------|-----------------|------------------------------|---|------------------|----------------------|
| 85,043 ELIGIBLES | | | | | | | |
| @COMMUNITY HOSPITAL TOTAL | 2,805 | 12,802 | \$ 6,209,936.13 | \$ 485.08 | .151 | \$ 2213.88 | \$ 73.02 |
| COMM HOSP INPATIENT TOTAL | 1,120 | 4,728 | 6,031,152.58 | 1275.62 | .056 | 5384.96 | 70.92 |
| HSC HOSPITALS | 28 | 144 | 199,890.11 | 1388.13 | .002 | 7138.93 | 2.35 |
| NON-HSC HOSPITALS TOTAL | 1,037 | 4,395 | 5,796,931.66 | 1318.98 | .052 | 5590.10 | 68.16 |
| ACCOMMODATIONS | 1,037 | 4,395 | 1,874,147.19 | 426.43 | .052 | 1807.28 | 22.04 |
| ADMINISTRATIVE DAYS | 9 | 55 | 11,044.59 | 200.81 | .001 | 1227.18 | .13 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 1,029 | 4,340 | 1,863,102.60 | 429.29 | .051 | 1810.60 | 21.91 |
| ANCILLARIES | 1,037 | 0 | 3,922,784.47 | .00 | .000 | 3782.82 | 46.13 |
| INPATIENT CROSSOVERS | 55 | 189 | 34,330.81 | 181.64 | .002 | 624.20 | .40 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 1,820 | 8,074 | 178,783.55 | 22.14 | .095 | 98.23 | 2.10 |
| MEDICAL | 184 | 211 | 7,402.42 | 35.08 | .002 | 40.23 | .09 |
| SURGERY | 109 | 112 | 4,009.30 | 35.80 | .001 | 36.78 | .05 |
| PATHOLOGY | 934 | 3,935 | 36,050.64 | 9.16 | .046 | 38.60 | .42 |
| RADIOLOGY | 610 | 802 | 55,652.95 | 69.39 | .009 | 91.23 | .65 |
| ROOM USE | 1,117 | 1,335 | 49,580.76 | 37.14 | .016 | 44.39 | .58 |
| CROSSOVERS/ALL OTH OUTPTNT | 835 | 1,679 | 26,087.48 | 15.54 | .020 | 31.24 | .31 |
| @STATE HOSPITAL | 2 | 0 | \$ 3,578.91 | \$.00 | .000 | \$ 1789.46 | \$.04 |
| MENTALLY ILL | 2 | 0 | 3,578.91 | .00 | .000 | 1789.46 | .04 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 228 | 6,666 | \$ 840,887.11 | \$ 126.15 | .078 | \$ 3688.10 | \$ 9.89 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 16 | 502 | 291,195.14 | 580.07 | .006 | 18199.70 | 3.42 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 212 | 6,164 | 549,691.97 | 89.18 | .072 | 2592.89 | 6.46 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 39 | 1,763 | \$ 82,623.54 | \$ 46.87 | .021 | \$ 2118.55 | \$.97 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 39 | 1,763 | 82,623.54 | 46.87 | .021 | 2118.55 | .97 |
| @REHABILITATION FACILITY | 22 | 429 | \$ 7,013.41 | \$ 16.35 | .005 | \$ 318.79 | \$.08 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INDEPENDENT FACILITY | 22 | 429 | 7,013.41 | 16.35 | .005 | 318.79 | .08 |
| @LABORATORY FACILITY | 2,638 | 8,674 | \$ 146,790.16 | \$ 16.92 | .102 | \$ 55.64 | \$ 1.73 |
| PATHOLOGY | 2,632 | 8,666 | 146,440.33 | 16.90 | .102 | 55.64 | 1.72 |
| XO AND OTHERS | 8 | 8 | 349.83 | 43.73 | .000 | 43.73 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 19,826 | 31,035 | \$ 5,041,568.70 | \$ 162.45 | .365 | \$ 254.29 | \$ 59.28 |
| CLINIC | 282 | 1,053 | 42,176.81 | 40.05 | .012 | 149.56 | .50 |
| SURGICENTER | 30 | 87 | 3,649.65 | 41.95 | .001 | 121.66 | .04 |
| HEROIN DETOX CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 19,523 | 29,895 | 4,995,742.24 | 167.11 | .352 | 255.89 | 58.74 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,292
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

| | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | MONTHLY AVERAGE UNITS/DAYS | COST PER | COST PER |
|------------------|-------|------------------|--------------|--------------|-------------------------------|----------|----------|
| 85,043 ELIGIBLES | | | | | | | |

| | | OR DAYS OF CARE | | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
|-------------------------------|-------|-----------------|----|------------|--------------|----------|------------|----------|
| @ALL OTHER PROVIDERS | 4,658 | 45,678 | \$ | 391,053.22 | \$ 8.56 | .537 | \$ 83.95 | \$ 4.60 |
| DURABLE MED. EQUIP. | 23 | 148 | | 5,393.11 | 36.44 | .002 | 234.48 | .06 |
| BLOOD BANK | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 2 | 3 | | 1,345.62 | 448.54 | .000 | 672.81 | .02 |
| MEDICAL TRANSPORTATION | 225 | 2,407 | | 34,465.22 | 14.32 | .028 | 153.18 | .41 |
| AMBULANCES/AIR TRANS | 217 | 1,902 | | 27,631.78 | 14.53 | .022 | 127.34 | .32 |
| OTHER TRANS | 7 | 489 | | 1,420.50 | 2.90 | .006 | 202.93 | .02 |
| OTHER SERVICES | 4 | 16 | | 5,412.94 | 338.31 | .000 | 1353.24 | .06 |
| ACUPUNCTURE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 79 | 1,298 | | 89,468.36 | 68.93 | .015 | 1132.51 | 1.05 |
| GENETIC DISEASE TESTING | 813 | 816 | | 84,806.50 | 103.93 | .010 | 104.31 | 1.00 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 70 | 276 | | 23,342.51 | 84.57 | .003 | 333.46 | .27 |
| OCCUPATIONAL THERAPIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 43 | 127 | | 2,537.31 | 19.98 | .001 | 59.01 | .03 |
| PHYSICAL THERAPIST | 6 | 70 | | 639.65 | 9.14 | .001 | 106.61 | .01 |
| PORTABLE X-RAY | 4 | 7 | | 34.03 | 4.86 | .000 | 8.51 | .00 |
| PROSTHETIST/ORTHOTISTS | 41 | 72 | | 5,293.71 | 73.52 | .001 | 129.11 | .06 |
| PROSTHETICS | 19 | 39 | | 1,375.54 | 35.27 | .000 | 72.40 | .02 |
| ORTHOTICS | 25 | 33 | | 3,918.17 | 118.73 | .000 | 156.73 | .05 |
| PSYCHOLOGIST | 3 | 19 | | 429.54 | 22.61 | .000 | 143.18 | .01 |
| SPEECH AND AUDIOLOGY | 21 | 45 | | 2,032.58 | 45.17 | .001 | 96.79 | .02 |
| HOSPICE SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 3,298 | 13,642 | | 136,183.62 | 9.98 | .160 | 41.29 | 1.60 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 49 | 26,748 | | 5,081.46 | .19 | .315 | 103.70 | .06 |
| @CALIF. CHILDREN SERVICES* | 104 | 3,051 | \$ | 793,810.95 | \$ 260.18 | .036 | \$ 7632.80 | \$ 9.33 |
| @XOVER EXCLUDING STATE HOSP** | 280 | 2,094 | \$ | 73,199.51 | \$ 34.96 | .025 | \$ 261.43 | \$.86 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| | | |
|----------------------------|---|-------------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | PAGE 13,293 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | 01/29/04 |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W | |

| | 1,729 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|-----------------|--------|-------------------------------------|--------------|------------------------------|--|------------------|----------------------|
| @TOTAL, ALL PROVIDERS | 1,981 | 40,822 | \$ | 616,472.83 | \$ 15.10 | 23.610 | \$ 311.19 | \$ 356.55 |
| @PHYSICIANS SERVICES | 250 | 488 | \$ | 20,851.55 | \$ 42.73 | .282 | \$ 83.41 | \$ 12.06 |
| OUTPATIENT VISITS | 174 | 202 | | 8,694.52 | 43.04 | .117 | 49.97 | 5.03 |
| OFFICE VISITS | 137 | 162 | | 6,631.44 | 40.93 | .094 | 48.40 | 3.84 |
| HOME VISITS | 2 | 2 | | 72.44 | 36.22 | .001 | 36.22 | .04 |
| EMERGENCY ROOM | 34 | 35 | | 1,806.00 | 51.60 | .020 | 53.12 | 1.04 |
| PREVENTIVE CARE | 1 | 1 | | 37.39 | 37.39 | .001 | 37.39 | .02 |
| OB VISITS/COMPRE PERI | 1 | 1 | | 126.31 | 126.31 | .001 | 126.31 | .07 |
| OTHER OUTPATIENT | 1 | 1 | | 20.94 | 20.94 | .001 | 20.94 | .01 |
| INPATIENT VISITS | 37 | 111 | | 5,327.65 | 48.00 | .064 | 143.99 | 3.08 |
| HOSPITAL VISITS | 26 | 42 | | 2,094.87 | 49.88 | .024 | 80.57 | 1.21 |
| CRITICAL CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 11 | 69 | | 3,232.78 | 46.85 | .040 | 293.89 | 1.87 |
| OPHTHALMOLOGICAL SERVICES | 9 | 9 | | 482.98 | 53.66 | .005 | 53.66 | .28 |
| EXAMINATIONS | 9 | 9 | | 482.98 | 53.66 | .005 | 53.66 | .28 |
| SERVICES AND MATERIALS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 1 | 1 | | 159.41 | 159.41 | .001 | 159.41 | .09 |
| PRINCIPAL SURGEON | 1 | 1 | | 159.41 | 159.41 | .001 | 159.41 | .09 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|----------------------------|---|--------|--------------|----------|--------|-----------|-------------|
| OUTPATIENT SURGERY | 13 | 26 | 1,806.77 | 69.49 | .015 | 138.98 | 1.04 |
| PRINCIPAL SURGEON | 11 | 12 | 1,419.89 | 118.32 | .007 | 129.08 | .82 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 2 | 14 | 386.88 | 27.63 | .008 | 193.44 | .22 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 12 | 17 | 267.01 | 15.71 | .010 | 22.25 | .15 |
| RADIOLOGY | 26 | 36 | 771.80 | 21.44 | .021 | 29.68 | .45 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 13 | 20 | 187.48 | 9.37 | .012 | 14.42 | .11 |
| OTHER SERVICES/ALL X-OVERS | 25 | 66 | 3,153.93 | 47.79 | .038 | 126.16 | 1.82 |
| @PHARMACY | 335 | 35,386 | \$ 59,996.00 | \$ 1.70 | 20.466 | \$ 179.09 | \$ 34.70 |
| PRESCRIPTION DRUGS | 326 | 740 | 57,058.51 | 77.11 | .428 | 175.03 | 33.00 |
| SNF/ICF | 12 | 58 | 2,802.29 | 48.32 | .034 | 233.52 | 1.62 |
| OUTPATIENTS | 315 | 682 | 54,256.22 | 79.55 | .394 | 172.24 | 31.38 |
| MEDICAL SUPPLIES | 20 | 34,646 | 2,937.49 | .08 | 20.038 | 146.87 | 1.70 |
| @DENTIST | 482 | 2,520 | \$ 83,844.52 | \$ 33.27 | 1.457 | \$ 173.95 | \$ 48.49 |
| VISITS - DIAGNOSTIC | 341 | 1,649 | 24,378.20 | 14.78 | .954 | 71.49 | 14.10 |
| ORAL SURGERY | 57 | 141 | 10,966.00 | 77.77 | .082 | 192.39 | 6.34 |
| DRUGS | 31 | 55 | 1,224.15 | 22.26 | .032 | 39.49 | .71 |
| ANESTHESIA | 11 | 12 | 850.00 | 70.83 | .007 | 77.27 | .49 |
| PERIODONTICS | 10 | 10 | 1,422.00 | 142.20 | .006 | 142.20 | .82 |
| ENDODONTICS | 41 | 69 | 11,169.00 | 161.87 | .040 | 272.41 | 6.46 |
| RESTORATIVE DENTISTRY | 178 | 541 | 31,274.50 | 57.81 | .313 | 175.70 | 18.09 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS | 2 | 3 | 120.00 | 40.00 | .002 | 60.00 | .07 |
| MAXILLOFACIAL SERVICES | 4 | 4 | 546.39 | 136.60 | .002 | 136.60 | .32 |
| FRACTURES, DISLOCATIONS | 1 | 1 | 700.00 | 700.00 | .001 | 700.00 | .40 |
| ORTHODONTIC SERVICES | 16 | 19 | 1,044.28 | 54.96 | .011 | 65.27 | .60 |
| ALL OTHER SERVICES | 9 | 16 | 150.00 | 9.38 | .009 | 16.67 | .09 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | | | | | | PAGE 13,294 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | 01/29/04 |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W | | | | | | |

| | | | | | | ----- MONTHLY AVERAGE ----- | | | |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|-----------------------------|----------------------|--|--|
| 1,729 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE | | |
| @OPTOMETRIST | 28 | 55 | \$ 1,842.72 | \$ 33.50 | .032 | \$ 65.81 | \$ 1.07 | | |
| DIAGNOSTIC AND ANC. PROCED | 28 | 27 | 1,281.09 | 47.45 | .016 | 45.75 | .74 | | |
| EYE APPLIANCES | 15 | 28 | 561.63 | 20.06 | .016 | 37.44 | .32 | | |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 | | |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| @PODIATRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 | | |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| OTHER | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| @HOME HEALTH AGENCY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 | | |
| NURSE ANESTHESIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| NURSE MIDWIFE | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| FAMILY NURSE PRACTITIONER | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| @TOTAL HOSPITAL | 79 | 247 | \$ 9,083.96 | \$ 36.78 | .143 | \$ 114.99 | \$ 5.25 | | |
| HOSP INPATIENT TOTAL | 2 | 3 | 2,298.10 | 766.03 | .002 | 1149.05 | 1.33 | | |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| NON-HSC HOSPITAL TOTAL | 2 | 3 | 2,298.10 | 766.03 | .002 | 1149.05 | 1.33 | | |
| ACCOMMODATIONS | 2 | 3 | 1,124.55 | 374.85 | .002 | 562.28 | .65 | | |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |

| | | | | | | | |
|-----------------------------|----|-----|-------------|----------|------|-----------|--------|
| ALL OTHER ACCOM | 2 | 3 | 1,124.55 | 374.85 | .002 | 562.28 | .65 |
| ANCILLARIES | 2 | 0 | 1,173.55 | .00 | .000 | 586.78 | .68 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 77 | 244 | 6,785.86 | 27.81 | .141 | 88.13 | 3.92 |
| MEDICAL | 12 | 13 | 541.63 | 41.66 | .008 | 45.14 | .31 |
| SURGERY | 8 | 8 | 292.90 | 36.61 | .005 | 36.61 | .17 |
| PATHOLOGY | 18 | 91 | 1,114.29 | 12.24 | .053 | 61.91 | .64 |
| RADIOLOGY | 26 | 34 | 1,326.02 | 39.00 | .020 | 51.00 | .77 |
| ROOM USE | 50 | 64 | 2,782.84 | 43.48 | .037 | 55.66 | 1.61 |
| CROSSOVERS/ALL OTH OUTPTNT | 23 | 34 | 728.18 | 21.42 | .020 | 31.66 | .42 |
| @COUNTY HOSPITAL TOTAL | 7 | 40 | \$ 1,042.75 | \$ 26.07 | .023 | \$ 148.96 | \$.60 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|----------------------------|---|----|----------|-------|------|--------|-----|
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 7 | 40 | 1,042.75 | 26.07 | .023 | 148.96 | .60 |
| MEDICAL | 4 | 4 | 122.05 | 30.51 | .002 | 30.51 | .07 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 2 | 20 | 309.75 | 15.49 | .012 | 154.88 | .18 |
| RADIOLOGY | 2 | 4 | 175.97 | 43.99 | .002 | 87.99 | .10 |
| ROOM USE | 6 | 10 | 367.80 | 36.78 | .006 | 61.30 | .21 |
| CROSSOVERS/ALL OTH OUTPTNT | 2 | 2 | 67.18 | 33.59 | .001 | 33.59 | .04 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,295
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

| | 1,729 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|------------------------------|-----------------|-------|-------------------------------------|---------------|------------------------------|---|------------------|----------------------|
| @COMMUNITY HOSPITAL TOTAL | 72 | | 207 | \$ 8,041.21 | \$ 38.85 | .120 | \$ 111.68 | \$ 4.65 |
| COMM HOSP INPATIENT TOTAL | 2 | | 3 | 2,298.10 | 766.03 | .002 | 1149.05 | 1.33 |
| HSC HOSPITALS | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 2 | | 3 | 2,298.10 | 766.03 | .002 | 1149.05 | 1.33 |
| ACCOMMODATIONS | 2 | | 3 | 1,124.55 | 374.85 | .002 | 562.28 | .65 |
| ADMINISTRATIVE DAYS | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 2 | | 3 | 1,124.55 | 374.85 | .002 | 562.28 | .65 |
| ANCILLARIES | 2 | | 0 | 1,173.55 | .00 | .000 | 586.78 | .68 |
| INPATIENT CROSSOVERS | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 70 | | 204 | 5,743.11 | 28.15 | .118 | 82.04 | 3.32 |
| MEDICAL | 8 | | 9 | 419.58 | 46.62 | .005 | 52.45 | .24 |
| SURGERY | 8 | | 8 | 292.90 | 36.61 | .005 | 36.61 | .17 |
| PATHOLOGY | 16 | | 71 | 804.54 | 11.33 | .041 | 50.28 | .47 |
| RADIOLOGY | 24 | | 30 | 1,150.05 | 38.34 | .017 | 47.92 | .67 |
| ROOM USE | 44 | | 54 | 2,415.04 | 44.72 | .031 | 54.89 | 1.40 |
| CROSSOVERS/ALL OTH OUTPTNT | 21 | | 32 | 661.00 | 20.66 | .019 | 31.48 | .38 |
| @STATE HOSPITAL | 4 | | 0 | \$ 11,760.78 | \$.00 | .000 | \$ 2940.20 | \$ 6.80 |
| MENTALLY ILL | 4 | | 0 | 11,760.78 | .00 | .000 | 2940.20 | 6.80 |
| DEVELOP. DISABLED | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 12 | | 364 | \$ 242,071.05 | \$ 665.03 | .211 | \$ 20172.59 | \$ 140.01 |
| LEV A-INTERMEDIATE | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 12 | | 364 | 242,071.05 | 665.03 | .211 | 20172.59 | 140.01 |
| LEV B-SUBACUTE HSPTL BASED | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| @REHABILITATION FACILITY | 1 | | 2 | \$ 77.77 | \$ 38.89 | .001 | \$ 77.77 | \$.04 |
| HOSPITAL BASED | 1 | | 2 | 77.77 | 38.89 | .001 | 77.77 | .04 |
| INDEPENDENT FACILITY | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 134 | | 253 | \$ 3,067.61 | \$ 12.12 | .146 | \$ 22.89 | \$ 1.77 |
| PATHOLOGY | 134 | | 253 | 3,067.61 | 12.12 | .146 | 22.89 | 1.77 |
| XO AND OTHERS | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | | | | |
|------------------------------|-----|-------|----|------------|----|--------|------|----|--------|----|-------|
| @ORGANIZED OUTPATIENT CLINIC | 774 | 1,139 | \$ | 170,624.21 | \$ | 149.80 | .659 | \$ | 220.44 | \$ | 98.68 |
| CLINIC | 47 | 98 | | 2,585.73 | | 26.39 | .057 | | 55.02 | | 1.50 |
| SURGICENTER | 1 | 4 | | 168.21 | | 42.05 | .002 | | 168.21 | | .10 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 727 | 1,037 | | 167,870.27 | | 161.88 | .600 | | 230.91 | | 97.09 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,296
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

| 1,729 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|-------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @ALL OTHER PROVIDERS | 126 | 368 | \$ 13,252.66 | \$ 36.01 | .213 | \$ 105.18 | \$ 7.66 |
| DURABLE MED. EQUIP. | 11 | 26 | 3,249.23 | 124.97 | .015 | 295.38 | 1.88 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 4 | 12 | 399.21 | 33.27 | .007 | 99.80 | .23 |
| AMBULANCES/AIR TRANS | 4 | 12 | 399.21 | 33.27 | .007 | 99.80 | .23 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 54 | 54 | 5,453.50 | 100.99 | .031 | 100.99 | 3.15 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 1 | 2 | 161.38 | 80.69 | .001 | 161.38 | .09 |
| PROSTHETICS | 1 | 2 | 161.38 | 80.69 | .001 | 161.38 | .09 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 2 | 15 | 902.20 | 60.15 | .009 | 451.10 | .52 |
| SPEECH AND AUDIOLOGY | 1 | 3 | 195.80 | 65.27 | .002 | 195.80 | .11 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 52 | 255 | 2,860.67 | 11.22 | .147 | 55.01 | 1.65 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 1 | 1 | 30.67 | 30.67 | .001 | 30.67 | .02 |
| @CALIF. CHILDREN SERVICES* | 35 | 11,826 | \$ 15,583.68 | \$ 1.32 | 6.840 | \$ 445.25 | \$ 9.01 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| | | |
|----------------------------|---|-------------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | PAGE 13,297 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | 01/29/04 |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR MIC - SOC | AID CODE 83 |

| 02 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @TOTAL, ALL PROVIDERS | 53 | 311 | \$ 8,865.48 | \$ 28.51 | 155.500 | \$ 167.27 | \$ 4432.74 |
| @PHYSICIANS SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OFFICE VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRES PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | |
|----------------------------|---|------------------|--------------|-----------------------------|------------|----------|----------|----------------------|
| HOSPITAL VISITS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PSYCHIATRY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @PHARMACY | 0 | 0 | \$ | .00 | \$ | .000 | \$ | .00 |
| PRESCRIPTION DRUGS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| MEDICAL SUPPLIES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @DENTIST | 43 | 299 | \$ | 6,887.15 | \$ | 23.03 | 149.500 | \$ 160.17 \$ 3443.58 |
| VISITS - DIAGNOSTIC | 33 | 173 | | 892.35 | | 5.16 | 86.500 | 27.04 446.18 |
| ORAL SURGERY | 11 | 22 | | 1,262.40 | | 57.38 | 11.000 | 114.76 631.20 |
| DRUGS | 8 | 16 | | 204.20 | | 12.76 | 8.000 | 25.53 102.10 |
| ANESTHESIA | 1 | 1 | | 100.00 | | 100.00 | .500 | 100.00 50.00 |
| PERIODONTICS | 1 | 1 | | .00 | | .00 | .500 | .00 .00 |
| ENDODONTICS | 6 | 15 | | 1,345.00 | | 89.67 | 7.500 | 224.17 672.50 |
| RESTORATIVE DENTISTRY | 19 | 59 | | 2,337.00 | | 39.61 | 29.500 | 123.00 1168.50 |
| PROSTHETICS | 0 | 0 | | .00 | | .00 | .000 | .00 .00 |
| DENTURES, STAYPLATES | 0 | 0 | | .00 | | .00 | .000 | .00 .00 |
| SPACE MAINTAINERS | 1 | 1 | | .00 | | .00 | .500 | .00 .00 |
| MAXILLOFACIAL SERVICES | 2 | 2 | | 330.20 | | 165.10 | 1.000 | 165.10 165.10 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | | .00 | .000 | .00 .00 |
| ORTHODONTIC SERVICES | 1 | 2 | | 416.00 | | 208.00 | 1.000 | 416.00 208.00 |
| ALL OTHER SERVICES | 4 | 7 | | .00 | | .00 | 3.500 | .00 .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | | | | | | | |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR MIC - SOC | | | | | | | |
| | | | | AID CODE 83 | | | | |
| | | | | ----- MONTHLY AVERAGE ----- | | | | |
| 02 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER | |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE | |
| @OPTOMETRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 | |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| EYE APPLIANCES | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 | |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| @PODIATRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 | |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| OTHER | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| @HOME HEALTH AGENCY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 | |
| NURSE ANESTHESIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 | |

| | | | | | | | | | | | |
|------------------------------|---|---|----|-----|----|-----|------|----|-----|----|-----|
| NURSE MIDWIFE | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| @TOTAL HOSPITAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSP INPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HOSP OUTPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| MEDICAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ROOM USE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| MEDICAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ROOM USE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,299
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR MIC - SOC AID CODE 83

| 02 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | ----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @COMMUNITY HOSPITAL TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| COMM HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | |
|------------------------------|---|---|----|-----|-----|------|-----|-----|
| RADIOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | \$ | .000 | \$ | .00 |
| MENTALLY ILL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 | \$ | .00 | \$ | .000 | \$ | .00 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$ | .00 | \$ | .000 | \$ | .00 |
| ICF DDH | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | | |
|------------------------------|---|----|----|----------|----|--------|-------|-----------|-----------|
| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$.00 | \$.00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| XO AND OTHERS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 9 | 11 | \$ | 1,923.33 | \$ | 174.85 | 5.500 | \$ 213.70 | \$ 961.67 |
| CLINIC | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 9 | 11 | | 1,923.33 | | 174.85 | 5.500 | 213.70 | 961.67 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,300
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR MIC - SOC AID CODE 83

| 02 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|-------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @ALL OTHER PROVIDERS | 1 | 1 | \$ 55.00 | \$ 55.00 | .500 | \$ 55.00 | \$ 27.50 |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 1 | 1 | 55.00 | 55.00 | .500 | 55.00 | 27.50 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| | | |
|----------------------------|---|-------------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | PAGE 13,301 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | 01/29/04 |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL | |

| 1,731 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|-----------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
|-----------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|

| | | | | | | | | | | | |
|----------------------------|---|------------------|----|--------------|--------------|-----------------------------|----------|-------|--------|----------|-------------|
| @TOTAL, ALL PROVIDERS | 2,034 | 41,133 | \$ | 625,338.31 | \$ | 15.20 | 23.763 | \$ | 307.44 | \$ | 361.26 |
| @PHYSICIANS SERVICES | 250 | 488 | \$ | 20,851.55 | \$ | 42.73 | .282 | \$ | 83.41 | \$ | 12.05 |
| OUTPATIENT VISITS | 174 | 202 | | 8,694.52 | | 43.04 | .117 | | 49.97 | | 5.02 |
| OFFICE VISITS | 137 | 162 | | 6,631.44 | | 40.93 | .094 | | 48.40 | | 3.83 |
| HOME VISITS | 2 | 2 | | 72.44 | | 36.22 | .001 | | 36.22 | | .04 |
| EMERGENCY ROOM | 34 | 35 | | 1,806.00 | | 51.60 | .020 | | 53.12 | | 1.04 |
| PREVENTIVE CARE | 1 | 1 | | 37.39 | | 37.39 | .001 | | 37.39 | | .02 |
| OB VISITS/COMPRE PERI | 1 | 1 | | 126.31 | | 126.31 | .001 | | 126.31 | | .07 |
| OTHER OUTPATIENT | 1 | 1 | | 20.94 | | 20.94 | .001 | | 20.94 | | .01 |
| INPATIENT VISITS | 37 | 111 | | 5,327.65 | | 48.00 | .064 | | 143.99 | | 3.08 |
| HOSPITAL VISITS | 26 | 42 | | 2,094.87 | | 49.88 | .024 | | 80.57 | | 1.21 |
| CRITICAL CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SNF/ICF/TRANS IP CARE | 11 | 69 | | 3,232.78 | | 46.85 | .040 | | 293.89 | | 1.87 |
| OPHTHALMOLOGICAL SERVICES | 9 | 9 | | 482.98 | | 53.66 | .005 | | 53.66 | | .28 |
| EXAMINATIONS | 9 | 9 | | 482.98 | | 53.66 | .005 | | 53.66 | | .28 |
| SERVICES AND MATERIALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT HOSPITAL SURGERY | 1 | 1 | | 159.41 | | 159.41 | .001 | | 159.41 | | .09 |
| PRINCIPAL SURGEON | 1 | 1 | | 159.41 | | 159.41 | .001 | | 159.41 | | .09 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANESTHESIOLOGIST | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OUTPATIENT SURGERY | 13 | 26 | | 1,806.77 | | 69.49 | .015 | | 138.98 | | 1.04 |
| PRINCIPAL SURGEON | 11 | 12 | | 1,419.89 | | 118.32 | .007 | | 129.08 | | .82 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANESTHESIOLOGIST | 2 | 14 | | 386.88 | | 27.63 | .008 | | 193.44 | | .22 |
| DIALYSIS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 12 | 17 | | 267.01 | | 15.71 | .010 | | 22.25 | | .15 |
| RADIOLOGY | 26 | 36 | | 771.80 | | 21.44 | .021 | | 29.68 | | .45 |
| PSYCHIATRY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| IMMUNIZATION AND INJECTION | 13 | 20 | | 187.48 | | 9.37 | .012 | | 14.42 | | .11 |
| OTHER SERVICES/ALL X-OVERS | 25 | 66 | | 3,153.93 | | 47.79 | .038 | | 126.16 | | 1.82 |
| @PHARMACY | 335 | 35,386 | \$ | 59,996.00 | \$ | 1.70 | 20.443 | \$ | 179.09 | \$ | 34.66 |
| PRESCRIPTION DRUGS | 326 | 740 | | 57,058.51 | | 77.11 | .427 | | 175.03 | | 32.96 |
| SNF/ICF | 12 | 58 | | 2,802.29 | | 48.32 | .034 | | 233.52 | | 1.62 |
| OUTPATIENTS | 315 | 682 | | 54,256.22 | | 79.55 | .394 | | 172.24 | | 31.34 |
| MEDICAL SUPPLIES | 20 | 34,646 | | 2,937.49 | | .08 | 20.015 | | 146.87 | | 1.70 |
| @DENTIST | 525 | 2,819 | \$ | 90,731.67 | \$ | 32.19 | 1.629 | \$ | 172.82 | \$ | 52.42 |
| VISITS - DIAGNOSTIC | 374 | 1,822 | | 25,270.55 | | 13.87 | 1.053 | | 67.57 | | 14.60 |
| ORAL SURGERY | 68 | 163 | | 12,228.40 | | 75.02 | .094 | | 179.83 | | 7.06 |
| DRUGS | 39 | 71 | | 1,428.35 | | 20.12 | .041 | | 36.62 | | .83 |
| ANESTHESIA | 12 | 13 | | 950.00 | | 73.08 | .008 | | 79.17 | | .55 |
| PERIODONTICS | 11 | 11 | | 1,422.00 | | 129.27 | .006 | | 129.27 | | .82 |
| ENDODONTICS | 47 | 84 | | 12,514.00 | | 148.98 | .049 | | 266.26 | | 7.23 |
| RESTORATIVE DENTISTRY | 197 | 600 | | 33,611.50 | | 56.02 | .347 | | 170.62 | | 19.42 |
| PROSTHETICS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DENTURES, STAYPLATES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SPACE MAINTAINERS | 3 | 4 | | 120.00 | | 30.00 | .002 | | 40.00 | | .07 |
| MAXILLOFACIAL SERVICES | 6 | 6 | | 876.59 | | 146.10 | .003 | | 146.10 | | .51 |
| FRACTURES, DISLOCATIONS | 1 | 1 | | 700.00 | | 700.00 | .001 | | 700.00 | | .40 |
| ORTHODONTIC SERVICES | 17 | 21 | | 1,460.28 | | 69.54 | .012 | | 85.90 | | .84 |
| ALL OTHER SERVICES | 13 | 23 | | 150.00 | | 6.52 | .013 | | 11.54 | | .09 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | | | | | | | | | | PAGE 13,302 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | | | | 01/29/04 |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL | | | | | | | | | | |
| 1,731 ELIGIBLES | USERS | UNITS OF SERVICE | | EXPENDITURES | AVERAGE COST | ----- MONTHLY AVERAGE ----- | | | | | |
| | | OR DAYS OF CARE | | | PER UNIT/DAY | UNITS/DAYS | COST PER | | | COST PER | |
| @OPTOMETRIST | 28 | 55 | \$ | 1,842.72 | \$ | .032 | \$ | 65.81 | \$ | 1.06 | |
| DIAGNOSTIC AND ANC. PROCED | 28 | 27 | | 1,281.09 | | .016 | | 45.75 | | .74 | |
| EYE APPLIANCES | 15 | 28 | | 561.63 | | .016 | | 37.44 | | .32 | |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | | .00 | | .000 | | .00 | | .00 | |

| | | | | | | | | | | | |
|------------------------------|----|-----|----|----------|----|--------|------|----|---------|----|------|
| @CHIROPRACTOR | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| VISITS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @PODIATRIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| MEDICINE/INJECTIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY/ANES. | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIO./PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| NURSE ANESTHESIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| NURSE MIDWIFE | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| @TOTAL HOSPITAL | 79 | 247 | \$ | 9,083.96 | \$ | 36.78 | .143 | \$ | 114.99 | \$ | 5.25 |
| HOSP INPATIENT TOTAL | 2 | 3 | | 2,298.10 | | 766.03 | .002 | | 1149.05 | | 1.33 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITAL TOTAL | 2 | 3 | | 2,298.10 | | 766.03 | .002 | | 1149.05 | | 1.33 |
| ACCOMMODATIONS | 2 | 3 | | 1,124.55 | | 374.85 | .002 | | 562.28 | | .65 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 2 | 3 | | 1,124.55 | | 374.85 | .002 | | 562.28 | | .65 |
| ANCILLARIES | 2 | 0 | | 1,173.55 | | .00 | .000 | | 586.78 | | .68 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HOSP OUTPATIENT TOTAL | 77 | 244 | | 6,785.86 | | 27.81 | .141 | | 88.13 | | 3.92 |
| MEDICAL | 12 | 13 | | 541.63 | | 41.66 | .008 | | 45.14 | | .31 |
| SURGERY | 8 | 8 | | 292.90 | | 36.61 | .005 | | 36.61 | | .17 |
| PATHOLOGY | 18 | 91 | | 1,114.29 | | 12.24 | .053 | | 61.91 | | .64 |
| RADIOLOGY | 26 | 34 | | 1,326.02 | | 39.00 | .020 | | 51.00 | | .77 |
| ROOM USE | 50 | 64 | | 2,782.84 | | 43.48 | .037 | | 55.66 | | 1.61 |
| CROSSOVERS/ALL OTH OUTPTNT | 23 | 34 | | 728.18 | | 21.42 | .020 | | 31.66 | | .42 |
| @COUNTY HOSPITAL TOTAL | 7 | 40 | \$ | 1,042.75 | \$ | 26.07 | .023 | \$ | 148.96 | \$ | .60 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CO HOSP OUTPATIENT TOTAL | 7 | 40 | | 1,042.75 | | 26.07 | .023 | | 148.96 | | .60 |
| MEDICAL | 4 | 4 | | 122.05 | | 30.51 | .002 | | 30.51 | | .07 |
| SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 2 | 20 | | 309.75 | | 15.49 | .012 | | 154.88 | | .18 |
| RADIOLOGY | 2 | 4 | | 175.97 | | 43.99 | .002 | | 87.99 | | .10 |
| ROOM USE | 6 | 10 | | 367.80 | | 36.78 | .006 | | 61.30 | | .21 |
| CROSSOVERS/ALL OTH OUTPTNT | 2 | 2 | | 67.18 | | 33.59 | .001 | | 33.59 | | .04 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,303
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL

| | 1,731 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|---------------------------|-----------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @COMMUNITY HOSPITAL TOTAL | 72 | | 207 | \$ 8,041.21 | \$ 38.85 | .120 | \$ 111.68 | \$ 4.65 |
| COMM HOSP INPATIENT TOTAL | 2 | | 3 | 2,298.10 | 766.03 | .002 | 1149.05 | 1.33 |
| HSC HOSPITALS | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 2 | | 3 | 2,298.10 | 766.03 | .002 | 1149.05 | 1.33 |
| ACCOMMODATIONS | 2 | | 3 | 1,124.55 | 374.85 | .002 | 562.28 | .65 |

| | | | | | | | | |
|------------------------------|-----|-------|----|------------|-----------|------|-------------|-----------|
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 2 | 3 | | 1,124.55 | 374.85 | .002 | 562.28 | .65 |
| ANCILLARIES | 2 | 0 | | 1,173.55 | .00 | .000 | 586.78 | .68 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 70 | 204 | | 5,743.11 | 28.15 | .118 | 82.04 | 3.32 |
| MEDICAL | 8 | 9 | | 419.58 | 46.62 | .005 | 52.45 | .24 |
| SURGERY | 8 | 8 | | 292.90 | 36.61 | .005 | 36.61 | .17 |
| PATHOLOGY | 16 | 71 | | 804.54 | 11.33 | .041 | 50.28 | .46 |
| RADIOLOGY | 24 | 30 | | 1,150.05 | 38.34 | .017 | 47.92 | .66 |
| ROOM USE | 44 | 54 | | 2,415.04 | 44.72 | .031 | 54.89 | 1.40 |
| CROSSOVERS/ALL OTH OUTPTNT | 21 | 32 | | 661.00 | 20.66 | .018 | 31.48 | .38 |
| @STATE HOSPITAL | 4 | 0 | \$ | 11,760.78 | \$.00 | .000 | \$ 2940.20 | \$ 6.79 |
| MENTALLY ILL | 4 | 0 | | 11,760.78 | .00 | .000 | 2940.20 | 6.79 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 12 | 364 | \$ | 242,071.05 | \$ 665.03 | .210 | \$ 20172.59 | \$ 139.84 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 12 | 364 | | 242,071.05 | 665.03 | .210 | 20172.59 | 139.84 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @REHABILITATION FACILITY | 1 | 2 | \$ | 77.77 | \$ 38.89 | .001 | \$ 77.77 | \$.04 |
| HOSPITAL BASED | 1 | 2 | | 77.77 | 38.89 | .001 | 77.77 | .04 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 134 | 253 | \$ | 3,067.61 | \$ 12.12 | .146 | \$ 22.89 | \$ 1.77 |
| PATHOLOGY | 134 | 253 | | 3,067.61 | 12.12 | .146 | 22.89 | 1.77 |
| XO AND OTHERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 783 | 1,150 | \$ | 172,547.54 | \$ 150.04 | .664 | \$ 220.37 | \$ 99.68 |
| CLINIC | 47 | 98 | | 2,585.73 | 26.39 | .057 | 55.02 | 1.49 |
| SURGICENTER | 1 | 4 | | 168.21 | 42.05 | .002 | 168.21 | .10 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 736 | 1,048 | | 169,793.60 | 162.02 | .605 | 230.70 | 98.09 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,304
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL

| | | | | | ----- MONTHLY AVERAGE ----- | | | |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|-----------------------------|------------------|----------------------|--|
| 1,731 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE | |
| @ALL OTHER PROVIDERS | 127 | 369 | \$ 13,307.66 | \$ 36.06 | .213 | \$ 104.78 | \$ 7.69 | |
| DURABLE MED. EQUIP. | 11 | 26 | 3,249.23 | 124.97 | .015 | 295.38 | 1.88 | |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| MEDICAL TRANSPORTATION | 4 | 12 | 399.21 | 33.27 | .007 | 99.80 | .23 | |
| AMBULANCES/AIR TRANS | 4 | 12 | 399.21 | 33.27 | .007 | 99.80 | .23 | |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| GENETIC DISEASE TESTING | 55 | 55 | 5,508.50 | 100.15 | .032 | 100.15 | 3.18 | |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |

| | | | | | | | |
|----------------------------|----|--------|--------------|---------|-------|-----------|---------|
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 1 | 2 | 161.38 | 80.69 | .001 | 161.38 | .09 |
| PROSTHETICS | 1 | 2 | 161.38 | 80.69 | .001 | 161.38 | .09 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 2 | 15 | 902.20 | 60.15 | .009 | 451.10 | .52 |
| SPEECH AND AUDIOLOGY | 1 | 3 | 195.80 | 65.27 | .002 | 195.80 | .11 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 52 | 255 | 2,860.67 | 11.22 | .147 | 55.01 | 1.65 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 1 | 1 | 30.67 | 30.67 | .001 | 30.67 | .02 |
| @CALIF. CHILDREN SERVICES* | 35 | 11,826 | \$ 15,583.68 | \$ 1.32 | 6.832 | \$ 445.25 | \$ 9.00 |

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 .000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,305
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 SANTA BARBARA COUN SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @TOTAL, ALL PROVIDERS | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @PHYSICIANS SERVICES | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| OUTPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OFFICE VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRI PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PHARMACY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| PRESCRIPTION DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL SUPPLIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @DENTIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS - DIAGNOSTIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PERIODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ENDODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESTORATIVE DENTISTRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE | | COST PER ELIGIBLE |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| | | | | | UNITS/DAYS PER ELIG | COST PER USER | |
| @OPTOMETRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EYE APPLIANCES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE ANESTHESIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE MIDWIFE | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @TOTAL HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

MOP024
SANTA BARBARA COUN

FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

01/29/04

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @COMMUNITY HOSPITAL TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| COMM HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @STATE HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INDEPENDENT FACILITY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| XO AND OTHERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGICENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV
MOP024
SANTA BARBARA COUN

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

PAGE 13,308
01/29/04

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @ALL OTHER PROVIDERS | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|-------------------------------|---|---|-----|--------|------|--------|--------|
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | .00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | .00 | \$.00 | .000 | \$.00 | \$.00 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| | | | |
|----------------------------|---|--|-------------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES | MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | PAGE 13,309 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | 01/29/04 |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT | AID CODE 86 | |

| 05 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | ----- MONTHLY AVERAGE ----- | | | |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|-----------------------------|------------------|----------------------|--|
| | | | | | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE | |
| @TOTAL, ALL PROVIDERS | 240 | 647 | \$ 77,590.44 | \$ 119.92 | 129.400 | \$ 323.29 | \$ 15518.09 | |
| @PHYSICIANS SERVICES | 13 | 54 | \$ 1,910.02 | \$ 35.37 | 10.800 | \$ 146.92 | \$ 382.00 | |
| OUTPATIENT VISITS | 12 | 42 | 1,608.33 | 38.29 | 8.400 | 134.03 | 321.67 | |
| OFFICE VISITS | 3 | 3 | 124.80 | 41.60 | .600 | 41.60 | 24.96 | |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| EMERGENCY ROOM | 1 | 1 | 108.08 | 108.08 | .200 | 108.08 | 21.62 | |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| OB VISITS/COMPRE PERI | 10 | 38 | 1,375.45 | 36.20 | 7.600 | 137.55 | 275.09 | |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| OUTPATIENT SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |

| | | | | | | | | |
|----------------------------|----|-----|----|----------|----------|--------|-----------|-----------|
| DIALYSIS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 3 | 10 | | 144.42 | 14.44 | 2.000 | 48.14 | 28.88 |
| RADIOLOGY | 2 | 2 | | 157.27 | 78.64 | .400 | 78.64 | 31.45 |
| PSYCHIATRY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @PHARMACY | 5 | 8 | \$ | 729.04 | \$ 91.13 | 1.600 | \$ 145.81 | \$ 145.81 |
| PRESCRIPTION DRUGS | 4 | 6 | | 638.30 | 106.38 | 1.200 | 159.58 | 127.66 |
| SNF/ICF | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 4 | 6 | | 638.30 | 106.38 | 1.200 | 159.58 | 127.66 |
| MEDICAL SUPPLIES | 1 | 2 | | 90.74 | 45.37 | .400 | 90.74 | 18.15 |
| @DENTIST | 31 | 138 | \$ | 3,569.00 | \$ 25.86 | 27.600 | \$ 115.13 | \$ 713.80 |
| VISITS - DIAGNOSTIC | 26 | 109 | | 1,481.00 | 13.59 | 21.800 | 56.96 | 296.20 |
| ORAL SURGERY | 4 | 7 | | 400.00 | 57.14 | 1.400 | 100.00 | 80.00 |
| DRUGS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|------------------------------|---|-------------------------------------|--------------|------------------------------|-----------------------------|------------------|----------------------|
| PERIODONTICS | 1 | 1 | 55.00 | 55.00 | .200 | 55.00 | 11.00 |
| ENDODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESTORATIVE DENTISTRY | 9 | 21 | 1,633.00 | 77.76 | 4.200 | 181.44 | 326.60 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | | | | | | PAGE 13,310 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | 01/29/04 |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT | | | | | | |
| | | | | AID CODE 86 | ----- MONTHLY AVERAGE ----- | | |
| 05 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @OPTOMETRIST | 0 | 0 \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EYE APPLIANCES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 0 | 0 \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HOME HEALTH AGENCY | 0 | 0 \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE ANESTHESIST | 0 | 0 \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE MIDWIFE | 0 | 0 \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| @TOTAL HOSPITAL | 2 | 1CR \$ | 1,549.19CR | \$ 1549.19 | .200CR\$ | 774.60CR\$ | 309.84CR |
| HOSP INPATIENT TOTAL | 0 | 5CR | 1,629.21CR | 325.84 | 1.000CR | .00 | 325.84CR |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 5CR | 1,629.21CR | 325.84 | 1.000CR | .00 | 325.84CR |
| ACCOMMODATIONS | 0 | 5CR | 1,305.15CR | 261.03 | 1.000CR | .00 | 261.03CR |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 5CR | 1,305.15CR | 261.03 | 1.000CR | .00 | 261.03CR |
| ANCILLARIES | 0 | 0 | 324.06CR | .00 | .000 | .00 | 64.81CR |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 2 | 4 | 80.02 | 20.01 | .800 | 40.01 | 16.00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 1 | 2 | 13.45 | 6.73 | .400 | 13.45 | 2.69 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 2 | 2 | 66.57 | 33.29 | .400 | 33.29 | 13.31 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| 05 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|---|-------|-------------------------------------|---------------|------------------------------|---|------------------|----------------------|
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV MEDICAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,311 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SANTA BARBARA COUN SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86 | | | | | | | |
| @COMMUNITY HOSPITAL TOTAL | 2 | 1CR | \$ 1,549.19CR | \$ 1549.19 | .200CR\$ | 774.60CR\$ | 309.84CR |
| COMM HOSP INPATIENT TOTAL | 0 | 5CR | 1,629.21CR | 325.84 | 1.000CR | .00 | 325.84CR |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 5CR | 1,629.21CR | 325.84 | 1.000CR | .00 | 325.84CR |
| ACCOMMODATIONS | 0 | 5CR | 1,305.15CR | 261.03 | 1.000CR | .00 | 261.03CR |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 5CR | 1,305.15CR | 261.03 | 1.000CR | .00 | 261.03CR |
| ANCILLARIES | 0 | 0 | 324.06CR | .00 | .000 | .00 | 64.81CR |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 2 | 4 | 80.02 | 20.01 | .800 | 40.01 | 16.00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 1 | 2 | 13.45 | 6.73 | .400 | 13.45 | 2.69 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 2 | 2 | 66.57 | 33.29 | .400 | 33.29 | 13.31 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @STATE HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INDEPENDENT FACILITY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 3 | 6 | \$ 122.63 | \$ 20.44 | 1.200 | \$ 40.88 | \$ 24.53 |
| PATHOLOGY | 3 | 6 | 122.63 | 20.44 | 1.200 | 40.88 | 24.53 |
| XO AND OTHERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 176 | 398 | \$ 68,188.94 | \$ 171.33 | 79.600 | \$ 387.44 | \$ 13637.79 |
| CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGICENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|----------------------------|---|-----|-----------|--------|--------|--------|-------------|
| RURAL HEALTH CLINIC | 176 | 398 | 68,188.94 | 171.33 | 79.600 | 387.44 | 13637.79 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | | | | | | PAGE 13,312 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | 01/29/04 |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT | | | | | | AID CODE 86 |

| 05 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|-------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @ALL OTHER PROVIDERS | 44 | 44 | \$ 4,620.00 | \$ 105.00 | 8.800 | \$ 105.00 | \$ 924.00 |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 44 | 44 | 4,620.00 | 105.00 | 8.800 | 105.00 | 924.00 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| | | | | | | | |
|----------------------------|---|-----|-----------|--------|--------|--------|-------------|
| #CALIF DEPT OF HEALTH SERV | 176 | 398 | 68,188.94 | 171.33 | 79.600 | 387.44 | 13637.79 |
| MOP024 | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | | | | | | PAGE 13,313 |
| SANTA BARBARA COUN | FEE-FOR-SERVICE/DENTAL | | | | | | 01/29/04 |
| | SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL | | | | | | |

| 05 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|---------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @TOTAL, ALL PROVIDERS | 240 | 647 | \$ 77,590.44 | \$ 119.92 | 129.400 | \$ 323.29 | \$ 15518.09 |
| @PHYSICIANS SERVICES | 13 | 54 | \$ 1,910.02 | \$ 35.37 | 10.800 | \$ 146.92 | \$ 382.00 |
| OUTPATIENT VISITS | 12 | 42 | 1,608.33 | 38.29 | 8.400 | 134.03 | 321.67 |
| OFFICE VISITS | 3 | 3 | 124.80 | 41.60 | .600 | 41.60 | 24.96 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 1 | 1 | 108.08 | 108.08 | .200 | 108.08 | 21.62 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 10 | 38 | 1,375.45 | 36.20 | 7.600 | 137.55 | 275.09 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|----------------------------|----|-----|-------------|----------|--------|-----------|-----------|
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 3 | 10 | 144.42 | 14.44 | 2.000 | 48.14 | 28.88 |
| RADIOLOGY | 2 | 2 | 157.27 | 78.64 | .400 | 78.64 | 31.45 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PHARMACY | 5 | 8 | \$ 729.04 | \$ 91.13 | 1.600 | \$ 145.81 | \$ 145.81 |
| PRESCRIPTION DRUGS | 4 | 6 | 638.30 | 106.38 | 1.200 | 159.58 | 127.66 |
| SNF/ICF | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 4 | 6 | 638.30 | 106.38 | 1.200 | 159.58 | 127.66 |
| MEDICAL SUPPLIES | 1 | 2 | 90.74 | 45.37 | .400 | 90.74 | 18.15 |
| @DENTIST | 31 | 138 | \$ 3,569.00 | \$ 25.86 | 27.600 | \$ 115.13 | \$ 713.80 |
| VISITS - DIAGNOSTIC | 26 | 109 | 1,481.00 | 13.59 | 21.800 | 56.96 | 296.20 |
| ORAL SURGERY | 4 | 7 | 400.00 | 57.14 | 1.400 | 100.00 | 80.00 |
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PERIODONTICS | 1 | 1 | 55.00 | 55.00 | .200 | 55.00 | 11.00 |
| ENDODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESTORATIVE DENTISTRY | 9 | 21 | 1,633.00 | 77.76 | 4.200 | 181.44 | 326.60 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,314
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

| 05 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|------------------------------|-------|-------------------------------------|---------------|------------------------------|------------------------|------------------|----------------------|
| @OPTOMETRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EYE APPLIANCES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE ANESTHESIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE MIDWIFE | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @TOTAL HOSPITAL | 2 | 1CR | \$ 1,549.19CR | \$ 1549.19 | .200CR | \$ 774.60CR | \$ 309.84CR |

| | | | | | | | |
|------------------------|---|-----|------------|--------|---------|-------|----------|
| HOSP INPATIENT TOTAL | 0 | 5CR | 1,629.21CR | 325.84 | 1.000CR | .00 | 325.84CR |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 5CR | 1,629.21CR | 325.84 | 1.000CR | .00 | 325.84CR |
| ACCOMMODATIONS | 0 | 5CR | 1,305.15CR | 261.03 | 1.000CR | .00 | 261.03CR |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 5CR | 1,305.15CR | 261.03 | 1.000CR | .00 | 261.03CR |
| ANCILLARIES | 0 | 0 | 324.06CR | .00 | .000 | .00 | 64.81CR |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 2 | 4 | 80.02 | 20.01 | .800 | 40.01 | 16.00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 1 | 2 | 13.45 | 6.73 | .400 | 13.45 | 2.69 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 2 | 2 | 66.57 | 33.29 | .400 | 33.29 | 13.31 |

| | | | | | | | |
|-----------------------------|---|---|--------|--------|------|--------|--------|
| CROSSEOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSEOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSEOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,315
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

| 05 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @COMMUNITY HOSPITAL TOTAL | 2 | 1CR \$ | 1,549.19CR | \$ 1549.19 | .200CR\$ | 774.60CR\$ | 309.84CR |
| COMM HOSP INPATIENT TOTAL | 0 | 5CR | 1,629.21CR | 325.84 | 1.000CR | .00 | 325.84CR |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 5CR | 1,629.21CR | 325.84 | 1.000CR | .00 | 325.84CR |
| ACCOMMODATIONS | 0 | 5CR | 1,305.15CR | 261.03 | 1.000CR | .00 | 261.03CR |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 5CR | 1,305.15CR | 261.03 | 1.000CR | .00 | 261.03CR |
| ANCILLARIES | 0 | 0 | 324.06CR | .00 | .000 | .00 | 64.81CR |
| INPATIENT CROSSEOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 2 | 4 | 80.02 | 20.01 | .800 | 40.01 | 16.00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 1 | 2 | 13.45 | 6.73 | .400 | 13.45 | 2.69 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 2 | 2 | 66.57 | 33.29 | .400 | 33.29 | 13.31 |
| CROSSEOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @STATE HOSPITAL | 0 | 0 \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | | | | |
|------------------------------|-----|-----|----|-----------|----|--------|--------|----|--------|----|----------|
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @LABORATORY FACILITY | 3 | 6 | \$ | 122.63 | \$ | 20.44 | 1.200 | \$ | 40.88 | \$ | 24.53 |
| PATHOLOGY | 3 | 6 | | 122.63 | | 20.44 | 1.200 | | 40.88 | | 24.53 |
| XO AND OTHERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 176 | 398 | \$ | 68,188.94 | \$ | 171.33 | 79.600 | \$ | 387.44 | \$ | 13637.79 |
| CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 176 | 398 | | 68,188.94 | | 171.33 | 79.600 | | 387.44 | | 13637.79 |

#CALIF DEPT OF HEALTH SERV MOP024
 SANTA BARBARA COUN

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

PAGE 13,316
 01/29/04

| 05 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|-------------------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @ALL OTHER PROVIDERS | 44 | 44 | \$ 4,620.00 | \$ 105.00 | 8.800 | \$ 105.00 | \$ 924.00 |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 44 | 44 | 4,620.00 | 105.00 | 8.800 | 105.00 | 924.00 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| | | |
|---|--|-------------------------|
| #CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR MIA - SOC - LTC | PAGE 13,317 01/29/04 |
|---|--|-------------------------|

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|-----------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @TOTAL, ALL PROVIDERS | 3 | 6 | \$ 339.64 | \$ 56.61 | .000 | \$ 113.21 | \$.00 |
| @PHYSICIANS SERVICES | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| OUTPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OFFICE VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | | |
|----------------------------|---|---|----|--------|----|-------|------|-----|-------|
| HOME VISITS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| PREVENTIVE CARE | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| PSYCHIATRY | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @PHARMACY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 |
| PRESCRIPTION DRUGS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| SNF/ICF | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| MEDICAL SUPPLIES | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @DENTIST | 2 | 5 | \$ | 145.00 | \$ | 29.00 | .000 | \$ | 72.50 |
| VISITS - DIAGNOSTIC | 2 | 5 | | 145.00 | | 29.00 | .000 | | 72.50 |
| ORAL SURGERY | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| DRUGS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| PERIODONTICS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ENDODONTICS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| RESTORATIVE DENTISTRY | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR MIA - SOC - LTC

AID CODE 53

PAGE 13,318 01/29/04

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @OPTOMETRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EYE APPLIANCES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |

| | | | | | | | |
|------------------------------|---|---|--------|--------|------|--------|--------|
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE ANESTHESIST | 0 | 0 | \$.00 | .00 | .000 | \$.00 | .00 |
| NURSE MIDWIFE | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$.00 | .00 | .000 | \$.00 | \$.00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$.00 | .00 | .000 | \$.00 | \$.00 |
| @TOTAL HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,319
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR MIA - SOC - LTC AID CODE 53

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | | |
|---------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 0 | 0 | \$.00 | .00 | .000 | \$.00 | \$.00 |
| COMM HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|-----------------------------|---|---|-----|-----|------|-----|-----|
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @STATE HOSPITAL | 0 | 0 | .00 | \$ | .000 | \$ | .00 |
| MENTALLY ILL | 0 | 0 | .00 | | .000 | | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | | .000 | | .00 |
| @NURSING FACILITY | 0 | 0 | .00 | \$ | .000 | \$ | .00 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | | .000 | | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | | .000 | | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | | .000 | | .00 |

| | | | | | | | | | |
|------------------------------|---|---|----|--------|----|--------|------|-----|--------|
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 |
| ICF DDH | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| XO AND OTHERS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 1 | 1 | \$ | 194.64 | \$ | 194.64 | .000 | \$ | 194.64 |
| CLINIC | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 1 | 1 | | 194.64 | | 194.64 | .000 | | 194.64 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,320
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR MIA - SOC - LTC AID CODE 53

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | |
|-------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER |
| @ALL OTHER PROVIDERS | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | .00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | .00 | .00 | .000 | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | 0 | .00 | .00 | .000 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE | | COST PER USER | COST PER ELIGIBLE |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|-----------|------------------|----------------------|
| | | | | | UNITS/DAYS PER ELIG | | | |
| @TOTAL, ALL PROVIDERS | 6 | 12 | \$ 1,849.93 | \$ 154.16 | .000 | \$ 308.32 | \$ | .00 |
| @PHYSICIANS SERVICES | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$ | .00 |
| OUTPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| OFFICE VISITS | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| OUTPATIENT SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| @PHARMACY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$ | .00 |
| PRESCRIPTION DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| SNF/ICF | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| OUTPATIENTS | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| MEDICAL SUPPLIES | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| @DENTIST | 1 | 2 | \$.00 | \$.00 | .000 | \$.00 | \$ | .00 |
| VISITS - DIAGNOSTIC | 1 | 2 | .00 | .00 | .000 | .00 | | .00 |
| ORAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| ANESTHESIA | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| PERIODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| ENDODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| RESTORATIVE DENTISTRY | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| DENTURES, STAYPLATES | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| ALL OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @OPTOMETRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EYE APPLIANCES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE ANESTHESIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE MIDWIFE | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @TOTAL HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | OR DAYS OF CARE | | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
|------------------------------|---|-----------------|----|----------|--------------|----------|-----------|----------|
| @COMMUNITY HOSPITAL TOTAL | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| COMM HOSP INPATIENT TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| XO AND OTHERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 5 | 10 | \$ | 1,849.93 | \$ 184.99 | .000 | \$ 369.99 | \$.00 |
| CLINIC | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SURGICENTER | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 5 | 10 | | 1,849.93 | 184.99 | .000 | 369.99 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,324
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @ALL OTHER PROVIDERS | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|----------------------------|---|---|-----|-----|------|-----|-----|
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|-------------------------------|---|---|--------|--------|------|--------|--------|
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,325
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 SANTA BARBARA COUN SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | ----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|---|
| @TOTAL, ALL PROVIDERS | 9 | 18 | \$ 2,189.57 | \$ 121.64 | .000 \$ 243.29 \$.00 |
| @PHYSICIANS SERVICES | 0 | 0 | \$.00 | \$.00 | .000 \$.00 \$.00 |
| OUTPATIENT VISITS | 0 | 0 | .00 | .00 | .000 .00 .00 |
| OFFICE VISITS | 0 | 0 | .00 | .00 | .000 .00 .00 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 .00 .00 |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 .00 .00 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 .00 .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 .00 .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 .00 .00 |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 .00 .00 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 .00 .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 .00 .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 .00 .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 .00 .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 .00 .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 .00 .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 .00 .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 .00 .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 .00 .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 .00 .00 |
| OUTPATIENT SURGERY | 0 | 0 | .00 | .00 | .000 .00 .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 .00 .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 .00 .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 .00 .00 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 .00 .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 .00 .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 .00 .00 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 .00 .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 .00 .00 |
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | .00 | .00 | .000 .00 .00 |
| @PHARMACY | 0 | 0 | \$.00 | \$.00 | .000 \$.00 \$.00 |
| PRESCRIPTION DRUGS | 0 | 0 | .00 | .00 | .000 .00 .00 |
| SNF/ICF | 0 | 0 | .00 | .00 | .000 .00 .00 |
| OUTPATIENTS | 0 | 0 | .00 | .00 | .000 .00 .00 |
| MEDICAL SUPPLIES | 0 | 0 | .00 | .00 | .000 .00 .00 |
| @DENTIST | 3 | 7 | \$ 145.00 | \$ 20.71 | .000 \$ 48.33 \$.00 |
| VISITS - DIAGNOSTIC | 3 | 7 | 145.00 | 20.71 | .000 48.33 .00 |
| ORAL SURGERY | 0 | 0 | .00 | .00 | .000 .00 .00 |
| DRUGS | 0 | 0 | .00 | .00 | .000 .00 .00 |
| ANESTHESIA | 0 | 0 | .00 | .00 | .000 .00 .00 |
| PERIODONTICS | 0 | 0 | .00 | .00 | .000 .00 .00 |
| ENDODONTICS | 0 | 0 | .00 | .00 | .000 .00 .00 |
| RESTORATIVE DENTISTRY | 0 | 0 | .00 | .00 | .000 .00 .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 .00 .00 |

| | | | | | | | |
|-------------------------|---|---|-----|-----|------|-----|-----|
| DENTURES, STAYPLATES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,326
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @OPTOMETRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EYE APPLIANCES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE ANESTHESIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NURSE MIDWIFE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @TOTAL HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|-----------------------------|---|---|-----|-----|------|-----|-----|
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSTOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,327
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @COMMUNITY HOSPITAL TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| COMM HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSTOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSTOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @STATE HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INDEPENDENT FACILITY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| XO AND OTHERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 6 | 11 | \$ 2,044.57 | \$ 185.87 | .000 | \$ 340.76 | \$.00 |
| CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGICENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 6 | 11 | 2,044.57 | 185.87 | .000 | 340.76 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,328
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | ----- MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|-------------------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @ALL OTHER PROVIDERS | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,329
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 SANTA BARBARA COUN SUMMARY OF SERVICES FOR FOR FUTURE USE

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | ----- MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @TOTAL, ALL PROVIDERS | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @PHYSICIANS SERVICES | 0 | 0 | \$.00 | .00 | .000 | \$.00 | \$.00 |
| OUTPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OFFICE VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|----------------------------|---|---|--------|--------|------|--------|--------|
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PHARMACY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| PRESCRIPTION DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | |
|-------------------------|---|---|----|-----|-----|------|-----|-----|
| MEDICAL SUPPLIES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @DENTIST | 0 | 0 | \$ | .00 | \$ | .00 | \$ | .00 |
| VISITS - DIAGNOSTIC | 0 | 0 | | .00 | | .000 | .00 | .00 |
| ORAL SURGERY | 0 | 0 | | .00 | | .000 | .00 | .00 |
| DRUGS | 0 | 0 | | .00 | | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | | .00 | | .000 | .00 | .00 |
| PERIODONTICS | 0 | 0 | | .00 | | .000 | .00 | .00 |
| ENDODONTICS | 0 | 0 | | .00 | | .000 | .00 | .00 |
| RESTORATIVE DENTISTRY | 0 | 0 | | .00 | | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | | .00 | | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 0 | 0 | | .00 | | .000 | .00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | | .00 | | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | | .00 | | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | | .00 | | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | | .00 | | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,330
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR FOR FUTURE USE

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @OPTOMETRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EYE APPLIANCES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE ANESTHESIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE MIDWIFE | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @TOTAL HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|----------------------------|---|---|-----|-----|------|-----|-----|
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,331
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR FOR FUTURE USE

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @COMMUNITY HOSPITAL TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| COMM HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @STATE HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INDEPENDENT FACILITY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |

| | | | | | | | |
|------------------------------|---|---|--------|--------|------|--------|--------|
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| XO AND OTHERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGICENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,332
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR FOR FUTURE USE

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|-------------------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @ALL OTHER PROVIDERS | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| | | |
|----------------------------|---|-------------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | PAGE 13,333 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | 01/29/04 |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL | |

| 05 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|-----------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @TOTAL, ALL PROVIDERS | 249 | 665 | \$ 79,780.01 | \$ 119.97 | 133.000 | \$ 320.40 | \$ 15956.00 |
| @PHYSICIANS SERVICES | 13 | 54 | \$ 1,910.02 | \$ 35.37 | 10.800 | \$ 146.92 | \$ 382.00 |
| OUTPATIENT VISITS | 12 | 42 | 1,608.33 | 38.29 | 8.400 | 134.03 | 321.67 |
| OFFICE VISITS | 3 | 3 | 124.80 | 41.60 | .600 | 41.60 | 24.96 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 1 | 1 | 108.08 | 108.08 | .200 | 108.08 | 21.62 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 10 | 38 | 1,375.45 | 36.20 | 7.600 | 137.55 | 275.09 |

| | | | | | | | |
|----------------------------|----|-----|-------------|----------|--------|-----------|-----------|
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 3 | 10 | 144.42 | 14.44 | 2.000 | 48.14 | 28.88 |
| RADIOLOGY | 2 | 2 | 157.27 | 78.64 | .400 | 78.64 | 31.45 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PHARMACY | 5 | 8 | \$ 729.04 | \$ 91.13 | 1.600 | \$ 145.81 | \$ 145.81 |
| PRESCRIPTION DRUGS | 4 | 6 | 638.30 | 106.38 | 1.200 | 159.58 | 127.66 |
| SNF/ICF | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 4 | 6 | 638.30 | 106.38 | 1.200 | 159.58 | 127.66 |
| MEDICAL SUPPLIES | 1 | 2 | 90.74 | 45.37 | .400 | 90.74 | 18.15 |
| @DENTIST | 34 | 145 | \$ 3,714.00 | \$ 25.61 | 29.000 | \$ 109.24 | \$ 742.80 |
| VISITS - DIAGNOSTIC | 29 | 116 | 1,626.00 | 14.02 | 23.200 | 56.07 | 325.20 |
| ORAL SURGERY | 4 | 7 | 400.00 | 57.14 | 1.400 | 100.00 | 80.00 |
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PERIODONTICS | 1 | 1 | 55.00 | 55.00 | .200 | 55.00 | 11.00 |
| ENDODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESTORATIVE DENTISTRY | 9 | 21 | 1,633.00 | 77.76 | 4.200 | 181.44 | 326.60 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,334
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL

| 05 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE | | COST PER ELIGIBLE |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| | | | | | UNITS/DAYS PER ELIG | COST PER USER | |
| @OPTOMETRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EYE APPLIANCES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | | | | |
|------------------------------|---|-----|----|------------|----|---------|----------|----|------------|----|----------|
| @HOME HEALTH AGENCY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| NURSE ANESTHESIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| NURSE MIDWIFE | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| @TOTAL HOSPITAL | 2 | 1CR | \$ | 1,549.19CR | \$ | 1549.19 | .200CR\$ | | 774.60CR\$ | | 309.84CR |
| HOSP INPATIENT TOTAL | 0 | 5CR | | 1,629.21CR | | 325.84 | 1.000CR | | .00 | | 325.84CR |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 5CR | | 1,629.21CR | | 325.84 | 1.000CR | | .00 | | 325.84CR |
| ACCOMMODATIONS | 0 | 5CR | | 1,305.15CR | | 261.03 | 1.000CR | | .00 | | 261.03CR |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 5CR | | 1,305.15CR | | 261.03 | 1.000CR | | .00 | | 261.03CR |
| ANCILLARIES | 0 | 0 | | 324.06CR | | .00 | .000 | | .00 | | 64.81CR |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |

| | | | | | | | |
|-----------------------------|---|---|--------|--------|------|--------|--------|
| HOSP OUTPATIENT TOTAL | 2 | 4 | 80.02 | 20.01 | .800 | 40.01 | 16.00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 1 | 2 | 13.45 | 6.73 | .400 | 13.45 | 2.69 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 2 | 2 | 66.57 | 33.29 | .400 | 33.29 | 13.31 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | | | | | | |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL | | | | | | |

PAGE 13,335
01/29/04

| 05 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | | |
|------------------------------|-------|-------------------------------------|---------------|------------------------------|------------------------|------------------|----------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 2 | 1CR | \$ 1,549.19CR | \$ 1549.19 | .200CR | \$ 774.60CR | \$ 309.84CR |
| COMM HOSP INPATIENT TOTAL | 0 | 5CR | 1,629.21CR | 325.84 | 1.000CR | .00 | 325.84CR |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 5CR | 1,629.21CR | 325.84 | 1.000CR | .00 | 325.84CR |
| ACCOMMODATIONS | 0 | 5CR | 1,305.15CR | 261.03 | 1.000CR | .00 | 261.03CR |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 5CR | 1,305.15CR | 261.03 | 1.000CR | .00 | 261.03CR |
| ANCILLARIES | 0 | 0 | 324.06CR | .00 | .000 | .00 | 64.81CR |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 2 | 4 | 80.02 | 20.01 | .800 | 40.01 | 16.00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 1 | 2 | 13.45 | 6.73 | .400 | 13.45 | 2.69 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 2 | 2 | 66.57 | 33.29 | .400 | 33.29 | 13.31 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @STATE HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |

| | | | | | | | |
|------------------------------|-----|-----|--------------|-----------|--------|-----------|-------------|
| ICF DDH | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INDEPENDENT FACILITY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 3 | 6 | \$ 122.63 | \$ 20.44 | 1.200 | \$ 40.88 | \$ 24.53 |
| PATHOLOGY | 3 | 6 | 122.63 | 20.44 | 1.200 | 40.88 | 24.53 |
| XO AND OTHERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 182 | 409 | \$ 70,233.51 | \$ 171.72 | 81.800 | \$ 385.90 | \$ 14046.70 |
| CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGICENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 182 | 409 | 70,233.51 | 171.72 | 81.800 | 385.90 | 14046.70 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,336
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL

| 05 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|-------------------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @ALL OTHER PROVIDERS | 44 | 44 | \$ 4,620.00 | \$ 105.00 | 8.800 | \$ 105.00 | \$ 924.00 |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 44 | 44 | 4,620.00 | 105.00 | 8.800 | 105.00 | 924.00 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| | | |
|----------------------------|---|-------------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | PAGE 13,337 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | 01/29/04 |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR ALL AGED | |

----- MONTHLY AVERAGE -----

| 1,148 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE | |
|----------------------------|------------------------------------|--|-----------------|------------------------------|------------------------|------------------|----------------------|-------------|
| @TOTAL, ALL PROVIDERS | 7,649 | 164,139 | \$ 2,994,526.07 | \$ 18.24 | 142.978 | \$ 391.49 | \$ 2608.47 | |
| @PHYSICIANS SERVICES | 171 | 659 | \$ 26,253.26 | \$ 39.84 | .574 | \$ 153.53 | \$ 22.87 | |
| OUTPATIENT VISITS | 56 | 67 | 5,696.47 | 85.02 | .058 | 101.72 | 4.96 | |
| OFFICE VISITS | 3 | 4 | 109.50 | 27.38 | .003 | 36.50 | .10 | |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| EMERGENCY ROOM | 52 | 62 | 5,520.81 | 89.05 | .054 | 106.17 | 4.81 | |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| OTHER OUTPATIENT | 1 | 1 | 66.16 | 66.16 | .001 | 66.16 | .06 | |
| INPATIENT VISITS | 26 | 138 | 6,431.36 | 46.60 | .120 | 247.36 | 5.60 | |
| HOSPITAL VISITS | 26 | 133 | 5,886.06 | 44.26 | .116 | 226.39 | 5.13 | |
| CRITICAL CARE | 4 | 5 | 545.30 | 109.06 | .004 | 136.33 | .48 | |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| OPHTHALMOLOGICAL SERVICES | 1 | 1 | 25.00 | 25.00 | .001 | 25.00 | .02 | |
| EXAMINATIONS | 1 | 1 | 25.00 | 25.00 | .001 | 25.00 | .02 | |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| INPATIENT HOSPITAL SURGERY | 14 | 82 | 3,269.44 | 39.87 | .071 | 233.53 | 2.85 | |
| PRINCIPAL SURGEON | 6 | 10 | 1,615.58 | 161.56 | .009 | 269.26 | 1.41 | |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ANESTHESIOLOGIST | 8 | 72 | 1,653.86 | 22.97 | .063 | 206.73 | 1.44 | |
| OUTPATIENT SURGERY | 4 | 4 | 373.99 | 93.50 | .003 | 93.50 | .33 | |
| PRINCIPAL SURGEON | 4 | 4 | 373.99 | 93.50 | .003 | 93.50 | .33 | |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| DIALYSIS | 2 | 3 | 675.12 | 225.04 | .003 | 337.56 | .59 | |
| PATHOLOGY | 15 | 28 | 1,309.28 | 46.76 | .024 | 87.29 | 1.14 | |
| RADIOLOGY | 53 | 176 | 4,527.39 | 25.72 | .153 | 85.42 | 3.94 | |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| OTHER SERVICES/ALL X-OVERS | 83 | 160 | 3,945.21 | 24.66 | .139 | 47.53 | 3.44 | |
| @PHARMACY | 472 | 49,591 | \$ 94,525.65 | \$ 1.91 | 43.198 | \$ 200.27 | \$ 82.34 | |
| PRESCRIPTION DRUGS | 392 | 1,414 | 84,137.21 | 59.50 | 1.232 | 214.64 | 73.29 | |
| SNF/ICF | 153 | 783 | 40,550.87 | 51.79 | .682 | 265.04 | 35.32 | |
| OUTPATIENTS | 240 | 631 | 43,586.34 | 69.08 | .550 | 181.61 | 37.97 | |
| MEDICAL SUPPLIES | 94 | 48,177 | 10,388.44 | .22 | 41.966 | 110.52 | 9.05 | |
| @DENTIST | 2,145 | 8,642 | \$ 394,714.73 | \$ 45.67 | 7.528 | \$ 184.02 | \$ 343.83 | |
| VISITS - DIAGNOSTIC | 1,331 | 5,083 | 64,902.05 | 12.77 | 4.428 | 48.76 | 56.53 | |
| ORAL SURGERY | 324 | 1,109 | 44,578.18 | 40.20 | .966 | 137.59 | 38.83 | |
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ANESTHESIA | 17 | 18 | 1,100.00 | 61.11 | .016 | 64.71 | .96 | |
| PERIODONTICS | 130 | 134 | 19,042.00 | 142.10 | .117 | 146.48 | 16.59 | |
| ENDODONTICS | 68 | 99 | 22,523.00 | 227.51 | .086 | 331.22 | 19.62 | |
| RESTORATIVE DENTISTRY | 424 | 1,097 | 82,410.50 | 75.12 | .956 | 194.36 | 71.79 | |
| PROSTHETICS | 33 | 34 | 1,125.00 | 33.09 | .030 | 34.09 | .98 | |
| DENTURES, STAYPLATES | 437 | 1,014 | 159,034.00 | 156.84 | .883 | 363.92 | 138.53 | |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| MAXILLOFACIAL SERVICES | 1 | 2 | .00 | .00 | .002 | .00 | .00 | |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ALL OTHER SERVICES | 46 | 52 | .00 | .00 | .045 | .00 | .00 | |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES | MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | | | | | | PAGE 13,338 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | 01/29/04 |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR ALL AGED | | | | | | | |

| 1,148 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @OPTOMETRIST | 20 | 49 | \$ 1,059.14 | \$ 21.62 | .043 | \$ 52.96 | \$.92 |
| DIAGNOSTIC AND ANC. PROCED | 11 | 8 | 344.02 | 43.00 | .007 | 31.27 | .30 |

| | | | | | | | | |
|------------------------------|-----|-----|----|------------|---------|------|----------|--------|
| EYE APPLIANCES | 16 | 35 | | 701.38 | 20.04 | .030 | 43.84 | .61 |
| OTHER OPTOMETRIC SERVICES | 1 | 6 | | 13.74 | 2.29 | .005 | 13.74 | .01 |
| @CHIROPRACTOR | 0 | 0 | \$ | .00 | .00 | .000 | .00 | .00 |
| VISITS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 19 | 22 | \$ | 156.36 | 7.11 | .019 | 8.23 | .14 |
| MEDICINE/INJECTIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER | 19 | 22 | | 156.36 | 7.11 | .019 | 8.23 | .14 |
| @HOME HEALTH AGENCY | 1 | 1 | \$ | 74.86 | 74.86 | .001 | 74.86 | .07 |
| NURSE ANESTHESIST | 0 | 0 | \$ | .00 | .00 | .000 | .00 | .00 |
| NURSE MIDWIFE | 0 | 0 | \$ | .00 | .00 | .000 | .00 | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$ | .00 | .00 | .000 | .00 | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$ | .00 | .00 | .000 | .00 | .00 |
| @TOTAL HOSPITAL | 117 | 686 | \$ | 541,656.03 | 789.59 | .598 | 4629.54 | 471.83 |
| HOSP INPATIENT TOTAL | 54 | 250 | | 532,751.08 | 2131.00 | .218 | 9865.76 | 464.07 |
| HSC HOSPITALS | 1 | 1 | | 1,195.00 | 1195.00 | .001 | 1195.00 | 1.04 |
| NON-HSC HOSPITAL TOTAL | 36 | 242 | | 530,754.87 | 2193.20 | .211 | 14743.19 | 462.33 |
| ACCOMMODATIONS | 36 | 242 | | 152,216.62 | 628.99 | .211 | 4228.24 | 132.59 |
| ADMINISTRATIVE DAYS | 2 | 8 | | 1,098.68 | 137.34 | .007 | 549.34 | .96 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 34 | 234 | | 151,117.94 | 645.80 | .204 | 4444.65 | 131.64 |
| ANCILLARIES | 36 | 0 | | 378,538.25 | .00 | .000 | 10514.95 | 329.74 |
| INPATIENT CROSSOVERS | 17 | 7 | | 801.21 | 114.46 | .006 | 47.13 | .70 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 66 | 436 | | 8,904.95 | 20.42 | .380 | 134.92 | 7.76 |
| MEDICAL | 14 | 18 | | 801.34 | 44.52 | .016 | 57.24 | .70 |
| SURGERY | 1 | 1 | | 10.75 | 10.75 | .001 | 10.75 | .01 |
| PATHOLOGY | 33 | 185 | | 1,731.51 | 9.36 | .161 | 52.47 | 1.51 |
| RADIOLOGY | 31 | 49 | | 3,497.79 | 71.38 | .043 | 112.83 | 3.05 |
| ROOM USE | 25 | 28 | | 993.41 | 35.48 | .024 | 39.74 | .87 |
| CROSSOVERS/ALL OTH OUTPTNT | 45 | 155 | | 1,870.15 | 12.07 | .135 | 41.56 | 1.63 |
| @COUNTY HOSPITAL TOTAL | 3 | 3 | \$ | 1,271.44 | 423.81 | .003 | 423.81 | 1.11 |
| CO HOSPITAL INPATIENT TOTAL | 1 | 1 | | 1,195.00 | 1195.00 | .001 | 1195.00 | 1.04 |
| HSC HOSPITALS | 1 | 1 | | 1,195.00 | 1195.00 | .001 | 1195.00 | 1.04 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 2 | 2 | | 76.44 | 38.22 | .002 | 38.22 | .07 |
| MEDICAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 2 | 2 | | 76.44 | 38.22 | .002 | 38.22 | .07 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,339
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR ALL AGED

| | 1,148 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|---------------------------|-----------------|-------|-------------------------------------|---------------|------------------------------|---|------------------|----------------------|
| @COMMUNITY HOSPITAL TOTAL | 114 | | 683 | \$ 540,384.59 | \$ 791.19 | .595 | \$ 4740.22 | \$ 470.72 |
| COMM HOSP INPATIENT TOTAL | 53 | | 249 | 531,556.08 | 2134.76 | .217 | 10029.36 | 463.03 |
| HSC HOSPITALS | 0 | | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|----------------------------|----|-----|------------|---------|------|----------|--------|
| NON-HSC HOSPITALS TOTAL | 36 | 242 | 530,754.87 | 2193.20 | .211 | 14743.19 | 462.33 |
| ACCOMMODATIONS | 36 | 242 | 152,216.62 | 628.99 | .211 | 4228.24 | 132.59 |
| ADMINISTRATIVE DAYS | 2 | 8 | 1,098.68 | 137.34 | .007 | 549.34 | .96 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 34 | 234 | 151,117.94 | 645.80 | .204 | 4444.65 | 131.64 |
| ANCILLARIES | 36 | 0 | 378,538.25 | .00 | .000 | 10514.95 | 329.74 |
| INPATIENT CROSSOVERS | 17 | 7 | 801.21 | 114.46 | .006 | 47.13 | .70 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 64 | 434 | 8,828.51 | 20.34 | .378 | 137.95 | 7.69 |
| MEDICAL | 14 | 18 | 801.34 | 44.52 | .016 | 57.24 | .70 |
| SURGERY | 1 | 1 | 10.75 | 10.75 | .001 | 10.75 | .01 |
| PATHOLOGY | 33 | 185 | 1,731.51 | 9.36 | .161 | 52.47 | 1.51 |
| RADIOLOGY | 31 | 49 | 3,497.79 | 71.38 | .043 | 112.83 | 3.05 |
| ROOM USE | 25 | 28 | 993.41 | 35.48 | .024 | 39.74 | .87 |
| CROSSOVERS/ALL OTH OUTPTNT | 43 | 153 | 1,793.71 | 11.72 | .133 | 41.71 | 1.56 |
| @STATE HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |

| | | | | | | | | | |
|------------------------------|---|-------|----|------------|-----------|-------|------------|-----------|-------------|
| MENTALLY ILL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| DEVELOP. DISABLED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| @NURSING FACILITY | 111 | 3,183 | \$ | 278,107.95 | \$ 87.37 | 2.773 | \$ 2505.48 | \$ 242.25 | |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| LEV B-REHAB MD | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| LEV B-REGULAR | 111 | 3,183 | | 278,107.95 | 87.37 | 2.773 | 2505.48 | 242.25 | |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$ | .00 | \$ | .000 | \$.00 | \$.00 | |
| ICF DDH | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| ICF DD | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| ICF DDN/DDCN | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| @HEMODIALYSIS TOTAL | 6 | 460 | \$ | 13,988.66 | \$ 30.41 | .401 | \$ 2331.44 | \$ 12.19 | |
| HOSPITAL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| HEMODIALYSIS CENTER | 6 | 460 | | 13,988.66 | 30.41 | .401 | 2331.44 | 12.19 | |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$ | .000 | \$.00 | \$.00 | |
| HOSPITAL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| @LABORATORY FACILITY | 11 | 188 | \$ | 1,284.79 | \$ 6.83 | .164 | \$ 116.80 | \$ 1.12 | |
| PATHOLOGY | 11 | 188 | | 1,284.79 | 6.83 | .164 | 116.80 | 1.12 | |
| XO AND OTHERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| @ORGANIZED OUTPATIENT CLINIC | 3,374 | 4,523 | \$ | 807,674.52 | \$ 178.57 | 3.940 | \$ 239.38 | \$ 703.55 | |
| CLINIC | 2 | 9 | | 823.83 | 91.54 | .008 | 411.92 | .72 | |
| SURGICENTER | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| RURAL HEALTH CLINIC | 3,372 | 4,514 | | 806,850.69 | 178.74 | 3.932 | 239.28 | 702.83 | |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | | | | | | | | PAGE 13,340 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | | 01/29/04 |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR ALL AGED | | | | | | | | |

| | | | | | ----- MONTHLY AVERAGE ----- | | | |
|----------------------------|-------|-------------------------------------|---------------|------------------------------|-----------------------------|------------------|----------------------|--|
| 1,148 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE | |
| @ALL OTHER PROVIDERS | 1,885 | 96,135 | \$ 835,030.12 | \$ 8.69 | 83.741 | \$ 442.99 | \$ 727.38 | |
| DURABLE MED. EQUIP. | 4 | 13 | 4,323.38 | 332.57 | .011 | 1080.85 | 3.77 | |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| HEARING AID DISPENSERS | 1 | 1 | 1,237.55 | 1237.55 | .001 | 1237.55 | 1.08 | |
| MEDICAL TRANSPORTATION | 31 | 231 | 2,977.52 | 12.89 | .201 | 96.05 | 2.59 | |
| AMBULANCES/AIR TRANS | 30 | 213 | 2,921.42 | 13.72 | .186 | 97.38 | 2.54 | |
| OTHER TRANS | 1 | 18 | 56.10 | 3.12 | .016 | 56.10 | .05 | |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ADULT DAY HEALTH CARE CTR | 255 | 4,556 | 314,108.53 | 68.94 | 3.969 | 1231.80 | 273.61 | |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 1,518 | 8,698 | 499,762.44 | 57.46 | 7.577 | 329.22 | 435.33 | |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| OPTICIAN | 7 | 21 | 463.24 | 22.06 | .018 | 66.18 | .40 | |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| PORTABLE X-RAY | 1 | 1 | 1.38 | 1.38 | .001 | 1.38 | .00 | |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| SPEECH AND AUDIOLOGY | 5 | 11 | 534.10 | 48.55 | .010 | 106.82 | .47 | |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| LOCAL EDUCATION AGENCIES | 1 | 2 | 19.14 | 9.57 | .002 | 19.14 | .02 | |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |

| | | | | | | | | | | | |
|-------------------------------|-----|--------|----|-----------|----|-------|--------|----|--------|----|-------|
| ALL OTHER PROVIDERS | 77 | 82,601 | | 11,602.84 | | .14 | 71.952 | | 150.69 | | 10.11 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| @XOVER EXCLUDING STATE HOSP** | 105 | 237 | \$ | 14,341.89 | \$ | 60.51 | .206 | \$ | 136.59 | \$ | 12.49 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,341
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 SANTA BARBARA COUN SUMMARY OF SERVICES FOR ALL BLIND

| 24 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|-------|-------------------------------------|---------------|------------------------------|---|------------------|----------------------|
| @TOTAL, ALL PROVIDERS | 613 | 2,769 | \$ 176,740.95 | \$ 63.83 | 115.375 | \$ 288.32 | \$ 7364.21 |
| @PHYSICIANS SERVICES | 6 | 9 | \$ 335.23 | \$ 37.25 | .375 | \$ 55.87 | \$ 13.97 |
| OUTPATIENT VISITS | 6 | 7 | 266.90 | 38.13 | .292 | 44.48 | 11.12 |
| OFFICE VISITS | 6 | 7 | 266.90 | 38.13 | .292 | 44.48 | 11.12 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 2 | 2 | 68.33 | 34.17 | .083 | 34.17 | 2.85 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PHARMACY | 28 | 271 | \$ 9,801.06 | \$ 36.17 | 11.292 | \$ 350.04 | \$ 408.38 |
| PRESCRIPTION DRUGS | 24 | 65 | 9,416.01 | 144.86 | 2.708 | 392.33 | 392.33 |
| SNF/ICF | 5 | 4 | 615.20 | 153.80 | .167 | 123.04 | 25.63 |
| OUTPATIENTS | 19 | 61 | 8,800.81 | 144.28 | 2.542 | 463.20 | 366.70 |
| MEDICAL SUPPLIES | 5 | 206 | 385.05 | 1.87 | 8.583 | 77.01 | 16.04 |
| @DENTIST | 144 | 624 | \$ 21,123.25 | \$ 33.85 | 26.000 | \$ 146.69 | \$ 880.14 |
| VISITS - DIAGNOSTIC | 97 | 426 | 4,848.25 | 11.38 | 17.750 | 49.98 | 202.01 |
| ORAL SURGERY | 18 | 52 | 2,945.00 | 56.63 | 2.167 | 163.61 | 122.71 |
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 2 | 2 | 200.00 | 100.00 | .083 | 100.00 | 8.33 |
| PERIODONTICS | 9 | 12 | 1,858.00 | 154.83 | .500 | 206.44 | 77.42 |
| ENDODONTICS | 4 | 9 | 1,722.00 | 191.33 | .375 | 430.50 | 71.75 |
| RESTORATIVE DENTISTRY | 31 | 73 | 4,405.00 | 60.34 | 3.042 | 142.10 | 183.54 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 15 | 39 | 4,690.00 | 120.26 | 1.625 | 312.67 | 195.42 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|----------------------|---|---|--------|-------|------|-------|-------|
| ORTHODONTIC SERVICES | 5 | 7 | 455.00 | 65.00 | .292 | 91.00 | 18.96 |
| ALL OTHER SERVICES | 4 | 4 | .00 | .00 | .167 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MOP024
 SANTA BARBARA COUN

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR ALL BLIND

PAGE 13,342
 01/29/04

| 24 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | | |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @OPTOMETRIST | 2 | 7 | \$ 149.57 | \$ 21.37 | .292 | \$ 74.79 | \$ 6.23 |
| DIAGNOSTIC AND ANC. PROCED | 2 | 2 | 94.90 | 47.45 | .083 | 47.45 | 3.95 |
| EYE APPLIANCES | 1 | 5 | 54.67 | 10.93 | .208 | 54.67 | 2.28 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HOME HEALTH AGENCY | 1 | 8 | \$ 542.11 | \$ 67.76 | .333 | \$ 542.11 | \$ 22.59 |
| NURSE ANESTHESIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NURSE MIDWIFE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @TOTAL HOSPITAL | 2 | 5 | \$ 917.28 | \$ 183.46 | .208 | \$ 458.64 | \$ 38.22 |
| HOSP INPATIENT TOTAL | 2 | 5 | 917.28 | 183.46 | .208 | 458.64 | 38.22 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 2 | 5 | 917.28 | 183.46 | .208 | 458.64 | 38.22 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| 24 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE | | COST PER USER | COST PER ELIGIBLE |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|--|------------------|----------------------|
| | | | | | UNITS/DAYS PER ELIG | | | |
| @COMMUNITY HOSPITAL TOTAL | 2 | 5 | \$ 917.28 | \$ 183.46 | .208 | | \$ 458.64 | \$ 38.22 |
| COMM HOSP INPATIENT TOTAL | 2 | 5 | 917.28 | 183.46 | .208 | | 458.64 | 38.22 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| INPATIENT CROSSOVERS | 2 | 5 | 917.28 | 183.46 | .208 | | 458.64 | 38.22 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| @STATE HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| @NURSING FACILITY | 1 | 6 | \$ 691.26 | \$ 115.21 | .250 | | \$ 691.26 | \$ 28.80 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| LEV B-REGULAR | 1 | 6 | 691.26 | 115.21 | .250 | | 691.26 | 28.80 |
| @INTERMEDIATE CARE FACIL.-DD | 1 | 28 | \$ 4,176.76 | \$ 149.17 | 1.167 | | \$ 4176.76 | \$ 174.03 |
| ICF DDH | 1 | 28 | 4,176.76 | 149.17 | 1.167 | | 4176.76 | 174.03 |
| ICF DD | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| INDEPENDENT FACILITY | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| @LABORATORY FACILITY | 3 | 11 | \$ 231.80 | \$ 21.07 | .458 | | \$ 77.27 | \$ 9.66 |
| PATHOLOGY | 3 | 11 | 231.80 | 21.07 | .458 | | 77.27 | 9.66 |
| XO AND OTHERS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 253 | 340 | \$ 57,193.48 | \$ 168.22 | 14.167 | | \$ 226.06 | \$ 2383.06 |
| CLINIC | 1 | 1 | 32.62 | 32.62 | .042 | | 32.62 | 1.36 |
| SURGICENTER | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| RURAL HEALTH CLINIC | 252 | 339 | 57,160.86 | 168.62 | 14.125 | | 226.83 | 2381.70 |

| 24 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE | | COST PER USER | COST PER ELIGIBLE |
|----------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|--|------------------|----------------------|
| | | | | | UNITS/DAYS PER ELIG | | | |
| @ALL OTHER PROVIDERS | 221 | 1,460 | \$ 81,579.15 | \$ 55.88 | 60.833 | | \$ 369.14 | \$ 3399.13 |

| | | | | | | | |
|----------------------------|-----|-------|-----------|--------|--------|---------|---------|
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 2 | 2 | 58.14 | 29.07 | .083 | 29.07 | 2.42 |
| MEDICAL TRANSPORTATION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 11 | 202 | 13,996.07 | 69.29 | 8.417 | 1272.37 | 583.17 |
| GENETIC DISEASE TESTING | 1 | 1 | 105.00 | 105.00 | .042 | 105.00 | 4.38 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 196 | 1,153 | 66,361.02 | 57.56 | 48.042 | 338.58 | 2765.04 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|-------------------------------|----|-----|-----------|-----------|-------|-----------|----------|
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 10 | 101 | 1,041.41 | 10.31 | 4.208 | 104.14 | 43.39 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 1 | 1 | 17.51 | 17.51 | .042 | 17.51 | .73 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 3 | 1 | \$ 934.79 | \$ 934.79 | .042 | \$ 311.60 | \$ 38.95 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,345
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 SANTA BARBARA COUN SUMMARY OF SERVICES FOR ALL DISABLED

| 1,698 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|--------|-------------------------------------|-----------------|------------------------------|--|------------------|----------------------|
| @TOTAL, ALL PROVIDERS | 24,413 | 275,317 | \$ 7,646,724.36 | \$ 27.77 | 162.142 | \$ 313.22 | \$ 4503.37 |
| @PHYSICIANS SERVICES | 349 | 1,302 | \$ 43,358.79 | \$ 33.30 | .767 | \$ 124.24 | \$ 25.54 |
| OUTPATIENT VISITS | 109 | 146 | 7,583.06 | 51.94 | .086 | 69.57 | 4.47 |
| OFFICE VISITS | 44 | 59 | 2,506.33 | 42.48 | .035 | 56.96 | 1.48 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 63 | 79 | 4,784.69 | 60.57 | .047 | 75.95 | 2.82 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 8 | 8 | 292.04 | 36.51 | .005 | 36.51 | .17 |
| INPATIENT VISITS | 44 | 170 | 7,335.62 | 43.15 | .100 | 166.72 | 4.32 |
| HOSPITAL VISITS | 22 | 101 | 4,173.42 | 41.32 | .059 | 189.70 | 2.46 |
| CRITICAL CARE | 1 | 4 | 486.40 | 121.60 | .002 | 486.40 | .29 |
| SNF/ICF/TRANS IP CARE | 22 | 65 | 2,675.80 | 41.17 | .038 | 121.63 | 1.58 |
| OPHTHALMOLOGICAL SERVICES | 3 | 3 | 162.02 | 54.01 | .002 | 54.01 | .10 |
| EXAMINATIONS | 3 | 3 | 162.02 | 54.01 | .002 | 54.01 | .10 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 8 | 31 | 3,517.68 | 113.47 | .018 | 439.71 | 2.07 |
| PRINCIPAL SURGEON | 4 | 4 | 2,821.66 | 705.42 | .002 | 705.42 | 1.66 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 4 | 27 | 696.02 | 25.78 | .016 | 174.01 | .41 |
| OUTPATIENT SURGERY | 11 | 34 | 1,333.82 | 39.23 | .020 | 121.26 | .79 |
| PRINCIPAL SURGEON | 7 | 8 | 797.37 | 99.67 | .005 | 113.91 | .47 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 4 | 26 | 536.45 | 20.63 | .015 | 134.11 | .32 |
| DIALYSIS | 8 | 11 | 2,475.44 | 225.04 | .006 | 309.43 | 1.46 |
| PATHOLOGY | 15 | 89 | 671.51 | 7.55 | .052 | 44.77 | .40 |
| RADIOLOGY | 78 | 207 | 8,968.99 | 43.33 | .122 | 114.99 | 5.28 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 1 | 20 | 190.00 | 9.50 | .012 | 190.00 | .11 |
| OTHER SERVICES/ALL X-OVERS | 159 | 591 | 11,120.65 | 18.82 | .348 | 69.94 | 6.55 |
| @PHARMACY | 2,052 | 60,274 | \$ 757,120.51 | \$ 12.56 | 35.497 | \$ 368.97 | \$ 445.89 |
| PRESCRIPTION DRUGS | 1,877 | 5,489 | 724,031.74 | 131.91 | 3.233 | 385.74 | 426.40 |
| SNF/ICF | 238 | 1,340 | 146,138.84 | 109.06 | .789 | 614.03 | 86.07 |
| OUTPATIENTS | 1,658 | 4,149 | 577,892.90 | 139.28 | 2.443 | 348.55 | 340.34 |
| MEDICAL SUPPLIES | 207 | 54,785 | 33,088.77 | .60 | 32.264 | 159.85 | 19.49 |
| @DENTIST | 7,167 | 31,134 | \$ 1,213,809.93 | \$ 38.99 | 18.336 | \$ 169.36 | \$ 714.85 |
| VISITS - DIAGNOSTIC | 4,736 | 19,609 | 233,270.14 | 11.90 | 11.548 | 49.25 | 137.38 |
| ORAL SURGERY | 1,081 | 2,744 | 135,138.47 | 49.25 | 1.616 | 125.01 | 79.59 |

| | | | | | | | |
|-------------------------|-------|-------|------------|--------|-------|---------|--------|
| DRUGS | 63 | 76 | 1,728.40 | 22.74 | .045 | 27.43 | 1.02 |
| ANESTHESIA | 85 | 88 | 6,464.00 | 73.45 | .052 | 76.05 | 3.81 |
| PERIODONTICS | 467 | 555 | 79,024.00 | 142.39 | .327 | 169.22 | 46.54 |
| ENDODONTICS | 429 | 600 | 123,713.50 | 206.19 | .353 | 288.38 | 72.86 |
| RESTORATIVE DENTISTRY | 2,026 | 5,121 | 418,198.75 | 81.66 | 3.016 | 206.42 | 246.29 |
| PROSTHETICS | 93 | 102 | 2,805.00 | 27.50 | .060 | 30.16 | 1.65 |
| DENTURES, STAYPLATES | 583 | 1,880 | 200,801.13 | 106.81 | 1.107 | 344.43 | 118.26 |
| SPACE MAINTAINERS | 10 | 10 | 1,070.00 | 107.00 | .006 | 107.00 | .63 |
| MAXILLOFACIAL SERVICES | 16 | 19 | 1,456.54 | 76.66 | .011 | 91.03 | .86 |
| FRACTURES, DISLOCATIONS | 1 | 4 | 3,125.00 | 781.25 | .002 | 3125.00 | 1.84 |
| ORTHODONTIC SERVICES | 70 | 85 | 6,940.00 | 81.65 | .050 | 99.14 | 4.09 |
| ALL OTHER SERVICES | 146 | 241 | 75.00 | .31 | .142 | .51 | .04 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,346
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR ALL DISABLED

| 1,698 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | | |
|------------------------------|-------|-------------------------------------|---------------|------------------------------|------------------------|------------------|----------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @OPTOMETRIST | 72 | 170 | \$ 3,644.95 | \$ 21.44 | .100 | \$ 50.62 | \$ 2.15 |
| DIAGNOSTIC AND ANC. PROCED | 39 | 36 | 1,445.63 | 40.16 | .021 | 37.07 | .85 |
| EYE APPLIANCES | 53 | 133 | 2,187.91 | 16.45 | .078 | 41.28 | 1.29 |
| OTHER OPTOMETRIC SERVICES | 1 | 1 | 11.41 | 11.41 | .001 | 11.41 | .01 |
| @CHIROPRACTOR | 1 | 3 | \$ 50.16 | \$ 16.72 | .002 | \$ 50.16 | \$.03 |
| VISITS | 1 | 3 | 50.16 | 16.72 | .002 | 50.16 | .03 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 36 | 48 | \$ 424.83 | \$ 8.85 | .028 | \$ 11.80 | \$.25 |
| MEDICINE/INJECTIONS | 1 | 1 | 21.40 | 21.40 | .001 | 21.40 | .01 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER | 35 | 47 | 403.43 | 8.58 | .028 | 11.53 | .24 |
| @HOME HEALTH AGENCY | 2 | 4 | \$ 299.44 | \$ 74.86 | .002 | \$ 149.72 | \$.18 |
| NURSE ANESTHESIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NURSE MIDWIFE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @TOTAL HOSPITAL | 343 | 1,732 | \$ 495,479.95 | \$ 286.07 | 1.020 | \$ 1444.55 | \$ 291.80 |
| HOSP INPATIENT TOTAL | 192 | 894 | 475,380.41 | 531.75 | .527 | 2475.94 | 279.96 |
| HSC HOSPITALS | 7 | 70 | 80,746.00 | 1153.51 | .041 | 11535.14 | 47.55 |
| NON-HSC HOSPITAL TOTAL | 25 | 124 | 261,808.90 | 2111.36 | .073 | 10472.36 | 154.19 |
| ACCOMMODATIONS | 25 | 124 | 73,668.72 | 594.10 | .073 | 2946.75 | 43.39 |
| ADMINISTRATIVE DAYS | 2 | 4 | 925.20 | 231.30 | .002 | 462.60 | .54 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 23 | 120 | 72,743.52 | 606.20 | .071 | 3162.76 | 42.84 |
| ANCILLARIES | 25 | 0 | 188,140.18 | .00 | .000 | 7525.61 | 110.80 |
| INPATIENT CROSSOVERS | 160 | 700 | 132,825.51 | 189.75 | .412 | 830.16 | 78.22 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 155 | 838 | 20,099.54 | 23.99 | .494 | 129.67 | 11.84 |
| MEDICAL | 39 | 49 | 1,487.68 | 30.36 | .029 | 38.15 | .88 |
| SURGERY | 4 | 4 | 207.49 | 51.87 | .002 | 51.87 | .12 |
| PATHOLOGY | 51 | 284 | 2,795.74 | 9.84 | .167 | 54.82 | 1.65 |
| RADIOLOGY | 49 | 77 | 5,958.95 | 77.39 | .045 | 121.61 | 3.51 |
| ROOM USE | 73 | 98 | 3,492.96 | 35.64 | .058 | 47.85 | 2.06 |
| CROSSOVERS/ALL OTH OUTPTNT | 90 | 326 | 6,156.72 | 18.89 | .192 | 68.41 | 3.63 |
| @COUNTY HOSPITAL TOTAL | 14 | 59 | \$ 1,253.45 | \$ 21.24 | .035 | \$ 89.53 | \$.74 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|----------------------------|----|----|----------|-------|------|-------|-----|
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 14 | 59 | 1,253.45 | 21.24 | .035 | 89.53 | .74 |
| MEDICAL | 11 | 15 | 347.04 | 23.14 | .009 | 31.55 | .20 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 4 | 15 | 211.50 | 14.10 | .009 | 52.88 | .12 |
| RADIOLOGY | 2 | 4 | 120.42 | 30.11 | .002 | 60.21 | .07 |
| ROOM USE | 11 | 15 | 510.32 | 34.02 | .009 | 46.39 | .30 |
| CROSSOVERS/ALL OTH OUTPTNT | 5 | 10 | 64.17 | 6.42 | .006 | 12.83 | .04 |

#CALIF DEPT OF HEALTH SERV MOP024
 SANTA BARBARA COUN

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR ALL DISABLED

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| | 1,698 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|------------------------------|-----------------|--------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @COMMUNITY HOSPITAL TOTAL | 332 | 1,673 | \$ | 494,226.50 | \$ 295.41 | .985 | \$ 1488.63 | \$ 291.06 |
| COMM HOSP INPATIENT TOTAL | 192 | 894 | | 475,380.41 | 531.75 | .527 | 2475.94 | 279.96 |
| HSC HOSPITALS | 7 | 70 | | 80,746.00 | 1153.51 | .041 | 11535.14 | 47.55 |
| NON-HSC HOSPITALS TOTAL | 25 | 124 | | 261,808.90 | 2111.36 | .073 | 10472.36 | 154.19 |
| ACCOMMODATIONS | 25 | 124 | | 73,668.72 | 594.10 | .073 | 2946.75 | 43.39 |
| ADMINISTRATIVE DAYS | 2 | 4 | | 925.20 | 231.30 | .002 | 462.60 | .54 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 23 | 120 | | 72,743.52 | 606.20 | .071 | 3162.76 | 42.84 |
| ANCILLARIES | 25 | 0 | | 188,140.18 | .00 | .000 | 7525.61 | 110.80 |
| INPATIENT CROSSOVERS | 160 | 700 | | 132,825.51 | 189.75 | .412 | 830.16 | 78.22 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 144 | 779 | | 18,846.09 | 24.19 | .459 | 130.88 | 11.10 |
| MEDICAL | 29 | 34 | | 1,140.64 | 33.55 | .020 | 39.33 | .67 |
| SURGERY | 4 | 4 | | 207.49 | 51.87 | .002 | 51.87 | .12 |
| PATHOLOGY | 47 | 269 | | 2,584.24 | 9.61 | .158 | 54.98 | 1.52 |
| RADIOLOGY | 47 | 73 | | 5,838.53 | 79.98 | .043 | 124.22 | 3.44 |
| ROOM USE | 64 | 83 | | 2,982.64 | 35.94 | .049 | 46.60 | 1.76 |
| CROSSOVERS/ALL OTH OUTPTNT | 85 | 316 | | 6,092.55 | 19.28 | .186 | 71.68 | 3.59 |
| @STATE HOSPITAL | 2 | 57 | \$ | 40,598.82 | \$ 712.26 | .034 | \$ 20299.41 | \$ 23.91 |
| MENTALLY ILL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 2 | 57 | | 40,598.82 | 712.26 | .034 | 20299.41 | 23.91 |
| @NURSING FACILITY | 130 | 3,737 | \$ | 604,736.68 | \$ 161.82 | 2.201 | \$ 4651.82 | \$ 356.15 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 17 | 533 | | 309,177.31 | 580.07 | .314 | 18186.90 | 182.08 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 113 | 3,204 | | 295,559.37 | 92.25 | 1.887 | 2615.57 | 174.06 |
| @INTERMEDIATE CARE FACIL.-DD | 8 | 139 | \$ | 21,813.66 | \$ 156.93 | .082 | \$ 2726.71 | \$ 12.85 |
| ICF DDH | 4 | 56 | | 8,353.52 | 149.17 | .033 | 2088.38 | 4.92 |
| ICF DD | 1 | 31 | | 3,994.66 | 128.86 | .018 | 3994.66 | 2.35 |
| ICF DDN/DDCN | 3 | 52 | | 9,465.48 | 182.03 | .031 | 3155.16 | 5.57 |
| @HEMODIALYSIS TOTAL | 21 | 800 | \$ | 35,809.38 | \$ 44.76 | .471 | \$ 1705.21 | \$ 21.09 |
| HOSPITAL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 21 | 800 | | 35,809.38 | 44.76 | .471 | 1705.21 | 21.09 |
| @REHABILITATION FACILITY | 8 | 61 | \$ | 780.90 | \$ 12.80 | .036 | \$ 97.61 | \$.46 |
| HOSPITAL BASED | 3 | 10 | | 221.65 | 22.17 | .006 | 73.88 | .13 |
| INDEPENDENT FACILITY | 5 | 51 | | 559.25 | 10.97 | .030 | 111.85 | .33 |
| @LABORATORY FACILITY | 69 | 265 | \$ | 3,063.01 | \$ 11.56 | .156 | \$ 44.39 | \$ 1.80 |
| PATHOLOGY | 67 | 263 | | 2,996.38 | 11.39 | .155 | 44.72 | 1.76 |
| XO AND OTHERS | 2 | 2 | | 66.63 | 33.32 | .001 | 33.32 | .04 |
| @ORGANIZED OUTPATIENT CLINIC | 14,604 | 20,892 | \$ | 3,588,859.04 | \$ 171.78 | 12.304 | \$ 245.74 | \$ 2113.58 |
| CLINIC | 22 | 39 | | 2,575.30 | 66.03 | .023 | 117.06 | 1.52 |

| | | | | | | | |
|---------------------|--------|--------|--------------|--------|--------|--------|---------|
| SURGICENTER | 2 | 2 | 66.33 | 33.17 | .001 | 33.17 | .04 |
| HEROIN DETOX CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 14,584 | 20,851 | 3,586,217.41 | 171.99 | 12.280 | 245.90 | 2112.02 |

#CALIF DEPT OF HEALTH SERV MOP024
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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR ALL DISABLED

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| | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|-------------------------------|-------|-------------------------------------|---------------|------------------------------|---|------------------|----------------------|
| 1,698 ELIGIBLES | | | | | | | |
| @ALL OTHER PROVIDERS | 2,294 | 154,699 | \$ 836,874.31 | \$ 5.41 | 91.107 | \$ 364.81 | \$ 492.86 |
| DURABLE MED. EQUIP. | 2 | 13 | 2,487.13 | 191.32 | .008 | 1243.57 | 1.46 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 1 | 2 | 108.07 | 54.04 | .001 | 108.07 | .06 |
| MEDICAL TRANSPORTATION | 53 | 911 | 6,284.60 | 6.90 | .537 | 118.58 | 3.70 |
| AMBULANCES/AIR TRANS | 38 | 246 | 4,240.90 | 17.24 | .145 | 111.60 | 2.50 |
| OTHER TRANS | 13 | 645 | 1,941.12 | 3.01 | .380 | 149.32 | 1.14 |
| OTHER SERVICES | 2 | 20 | 102.58 | 5.13 | .012 | 51.29 | .06 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 169 | 2,605 | 180,185.02 | 69.17 | 1.534 | 1066.18 | 106.12 |
| GENETIC DISEASE TESTING | 13 | 13 | 1,365.00 | 105.00 | .008 | 105.00 | .80 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 748 | 14,145 | 449,768.18 | 31.80 | 8.330 | 601.29 | 264.88 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 18 | 50 | 1,097.64 | 21.95 | .029 | 60.98 | .65 |
| PHYSICAL THERAPIST | 7 | 77 | 645.47 | 8.38 | .045 | 92.21 | .38 |
| PORTABLE X-RAY | 4 | 9 | 113.65 | 12.63 | .005 | 28.41 | .07 |
| PROSTHETIST/ORTHOTISTS | 6 | 14 | 1,087.81 | 77.70 | .008 | 181.30 | .64 |
| PROSTHETICS | 4 | 9 | 336.74 | 37.42 | .005 | 84.19 | .20 |
| ORTHOTICS | 2 | 5 | 751.07 | 150.21 | .003 | 375.54 | .44 |
| PSYCHOLOGIST | 50 | 312 | 7,602.19 | 24.37 | .184 | 152.04 | 4.48 |
| SPEECH AND AUDIOLOGY | 13 | 37 | 1,536.98 | 41.54 | .022 | 118.23 | .91 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 1,120 | 19,434 | 158,995.71 | 8.18 | 11.445 | 141.96 | 93.64 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 128 | 117,077 | 25,596.86 | .22 | 68.950 | 199.98 | 15.07 |
| @CALIF. CHILDREN SERVICES* | 29 | 785 | \$ 9,343.11 | \$ 11.90 | .462 | \$ 322.18 | \$ 5.50 |
| @XOVER EXCLUDING STATE HOSP** | 375 | 2,171 | \$ 164,473.87 | \$ 75.76 | 1.279 | \$ 438.60 | \$ 96.86 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024
 SANTA BARBARA COUN

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR ALL FAMILIES

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| | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|-----------------------|--------|-------------------------------------|------------------|------------------------------|---|------------------|----------------------|
| 84,654 ELIGIBLES | | | | | | | |
| @TOTAL, ALL PROVIDERS | 61,497 | 254,367 | \$ 17,210,997.96 | \$ 67.66 | 3.005 | \$ 279.87 | \$ 203.31 |
| @PHYSICIANS SERVICES | 5,316 | 17,761 | \$ 1,187,612.88 | \$ 66.87 | .210 | \$ 223.40 | \$ 14.03 |
| OUTPATIENT VISITS | 2,792 | 7,145 | 225,070.53 | 31.50 | .084 | 80.61 | 2.66 |
| OFFICE VISITS | 567 | 681 | 33,318.03 | 48.93 | .008 | 58.76 | .39 |
| HOME VISITS | 3 | 3 | 143.42 | 47.81 | .000 | 47.81 | .00 |
| EMERGENCY ROOM | 1,255 | 1,404 | 79,220.47 | 56.42 | .017 | 63.12 | .94 |
| PREVENTIVE CARE | 8 | 8 | 463.49 | 57.94 | .000 | 57.94 | .01 |
| OB VISITS/COMPRI PERI | 1,035 | 4,989 | 109,561.64 | 21.96 | .059 | 105.86 | 1.29 |
| OTHER OUTPATIENT | 54 | 60 | 2,363.48 | 39.39 | .001 | 43.77 | .03 |
| INPATIENT VISITS | 630 | 1,813 | 120,422.50 | 66.42 | .021 | 191.15 | 1.42 |
| HOSPITAL VISITS | 593 | 1,309 | 60,171.84 | 45.97 | .015 | 101.47 | .71 |
| CRITICAL CARE | 47 | 504 | 60,250.66 | 119.54 | .006 | 1281.93 | .71 |

| | | | | | | | |
|----------------------------|-------|-------|------------|--------|------|--------|------|
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 4 | 4 | 192.53 | 48.13 | .000 | 48.13 | .00 |
| EXAMINATIONS | 4 | 4 | 192.53 | 48.13 | .000 | 48.13 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 1,087 | 2,695 | 624,597.76 | 231.76 | .032 | 574.61 | 7.38 |
| PRINCIPAL SURGEON | 730 | 781 | 537,901.73 | 688.73 | .009 | 736.85 | 6.35 |
| ASSISTANT SURGEON | 119 | 119 | 21,685.23 | 182.23 | .001 | 182.23 | .26 |
| ANESTHESIOLOGIST | 421 | 1,795 | 65,010.80 | 36.22 | .021 | 154.42 | .77 |
| OUTPATIENT SURGERY | 449 | 947 | 54,154.34 | 57.19 | .011 | 120.61 | .64 |
| PRINCIPAL SURGEON | 390 | 666 | 45,478.15 | 68.29 | .008 | 116.61 | .54 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 76 | 281 | 8,676.19 | 30.88 | .003 | 114.16 | .10 |
| DIALYSIS | 9 | 24 | 3,105.21 | 129.38 | .000 | 345.02 | .04 |
| PATHOLOGY | 1,269 | 2,236 | 31,751.41 | 14.20 | .026 | 25.02 | .38 |
| RADIOLOGY | 1,531 | 2,274 | 96,564.97 | 42.46 | .027 | 63.07 | 1.14 |
| PSYCHIATRY | 1 | 7 | 269.24 | 38.46 | .000 | 269.24 | .00 |

| | | | | | | | | |
|----------------------------|---|---------|----|--------------|----------|-------|-----------|-------------|
| IMMUNIZATION AND INJECTION | 149 | 157 | | 8,729.23 | 55.60 | .002 | 58.59 | .10 |
| OTHER SERVICES/ALL X-OVERS | 338 | 459 | | 22,755.16 | 49.58 | .005 | 67.32 | .27 |
| @PHARMACY | 4,442 | 23,614 | \$ | 382,470.63 | \$ 16.20 | .279 | \$ 86.10 | \$ 4.52 |
| PRESCRIPTION DRUGS | 4,273 | 8,203 | | 335,286.23 | 40.87 | .097 | 78.47 | 3.96 |
| SNF/ICF | 17 | 69 | | 6,652.36 | 96.41 | .001 | 391.32 | .08 |
| OUTPATIENTS | 4,265 | 8,134 | | 328,633.87 | 40.40 | .096 | 77.05 | 3.88 |
| MEDICAL SUPPLIES | 325 | 15,411 | | 47,184.40 | 3.06 | .182 | 145.18 | .56 |
| @DENTIST | 24,672 | 127,183 | \$ | 3,754,015.53 | \$ 29.52 | 1.502 | \$ 152.16 | \$ 44.35 |
| VISITS - DIAGNOSTIC | 17,120 | 83,394 | | 1,118,310.72 | 13.41 | .985 | 65.32 | 13.21 |
| ORAL SURGERY | 3,254 | 6,023 | | 318,788.39 | 52.93 | .071 | 97.97 | 3.77 |
| DRUGS | 2,926 | 3,845 | | 90,927.20 | 23.65 | .045 | 31.08 | 1.07 |
| ANESTHESIA | 392 | 404 | | 33,606.20 | 83.18 | .005 | 85.73 | .40 |
| PERIODONTICS | 495 | 516 | | 72,447.75 | 140.40 | .006 | 146.36 | .86 |
| ENDODONTICS | 2,416 | 4,004 | | 451,280.95 | 112.71 | .047 | 186.79 | 5.33 |
| RESTORATIVE DENTISTRY | 9,170 | 25,616 | | 1,436,388.54 | 56.07 | .303 | 156.64 | 16.97 |
| PROSTHETICS | 57 | 59 | | 1,510.00 | 25.59 | .001 | 26.49 | .02 |
| DENTURES, STAYPLATES | 184 | 775 | | 64,320.93 | 82.99 | .009 | 349.57 | .76 |
| SPACE MAINTAINERS | 269 | 304 | | 37,783.20 | 124.29 | .004 | 140.46 | .45 |
| MAXILLOFACIAL SERVICES | 78 | 91 | | 5,626.22 | 61.83 | .001 | 72.13 | .07 |
| FRACTURES, DISLOCATIONS | 3 | 3 | | 417.00 | 139.00 | .000 | 139.00 | .00 |
| ORTHODONTIC SERVICES | 1,217 | 1,421 | | 121,483.43 | 85.49 | .017 | 99.82 | 1.44 |
| ALL OTHER SERVICES | 452 | 728 | | 1,125.00 | 1.55 | .009 | 2.49 | .01 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | | | | | | | PAGE 13,350 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | 01/29/04 |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR ALL FAMILIES | | | | | | | |

| 84,654 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | ----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE | | | |
|------------------------------|-------|-------------------------------------|-----------------|------------------------------|---|------------|----------|--|
| @OPTOMETRIST | 118 | 268 | \$ 6,286.97 | \$ 23.46 | .003 | \$ 53.28 | \$.07 | |
| DIAGNOSTIC AND ANC. PROCED | 89 | 83 | 3,555.43 | 42.84 | .001 | 39.95 | .04 | |
| EYE APPLIANCES | 83 | 183 | 2,638.64 | 14.42 | .002 | 31.79 | .03 | |
| OTHER OPTOMETRIC SERVICES | 2 | 2 | 92.90 | 46.45 | .000 | 46.45 | .00 | |
| @CHIROPRACTOR | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| @PODIATRIST | 1 | 1 | \$ 55.64 | \$ 55.64 | .000 | \$ 55.64 | \$.00 | |
| MEDICINE/INJECTIONS | 1 | 1 | 55.64 | 55.64 | .000 | 55.64 | .00 | |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| OTHER | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| @HOME HEALTH AGENCY | 683 | 903 | \$ 48,641.10 | \$ 53.87 | .011 | \$ 71.22 | \$.57 | |
| NURSE ANESTHESIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| NURSE MIDWIFE | 1 | 4 | \$ 33.64 | \$ 8.41 | .000 | \$ 33.64 | \$.00 | |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| FAMILY NURSE PRACTITIONER | 1 | 2 | \$ 31.20 | \$ 15.60 | .000 | \$ 31.20 | \$.00 | |
| @TOTAL HOSPITAL | 2,769 | 12,027 | \$ 5,422,488.80 | \$ 450.86 | .142 | \$ 1958.28 | \$ 64.05 | |
| HOSP INPATIENT TOTAL | 1,021 | 4,218 | 5,247,482.95 | 1244.07 | .050 | 5139.55 | 61.99 | |
| HSC HOSPITALS | 33 | 121 | 164,810.12 | 1362.07 | .001 | 4994.25 | 1.95 | |
| NON-HSC HOSPITAL TOTAL | 986 | 4,084 | 5,080,992.83 | 1244.12 | .048 | 5153.14 | 60.02 | |
| ACCOMMODATIONS | 986 | 4,084 | 1,685,450.19 | 412.70 | .048 | 1709.38 | 19.91 | |
| ADMINISTRATIVE DAYS | 5 | 43 | 9,020.71 | 209.78 | .001 | 1804.14 | .11 | |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ALL OTHER ACCOM | 982 | 4,041 | 1,676,429.48 | 414.86 | .048 | 1707.16 | 19.80 | |
| ANCILLARIES | 986 | 0 | 3,395,542.64 | .00 | .000 | 3443.76 | 40.11 | |
| INPATIENT CROSSOVERS | 2 | 13 | 1,680.00 | 129.23 | .000 | 840.00 | .02 | |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| HOSP OUTPATIENT TOTAL | 1,878 | 7,809 | 175,005.85 | 22.41 | .092 | 93.19 | 2.07 | |
| MEDICAL | 205 | 244 | 8,459.28 | 34.67 | .003 | 41.26 | .10 | |
| SURGERY | 119 | 122 | 4,052.78 | 33.22 | .001 | 34.06 | .05 | |
| PATHOLOGY | 930 | 3,790 | 35,132.00 | 9.27 | .045 | 37.78 | .42 | |

| | | | | | | | |
|-----------------------------|-------|-------|--------------|-----------|------|-----------|--------|
| RADIOLOGY | 610 | 790 | 51,857.22 | 65.64 | .009 | 85.01 | .61 |
| ROOM USE | 1,185 | 1,413 | 52,588.44 | 37.22 | .017 | 44.38 | .62 |
| CROSSOVERS/ALL OTH OUTPTNT | 815 | 1,450 | 22,916.13 | 15.80 | .017 | 28.12 | .27 |
| @COUNTY HOSPITAL TOTAL | 44 | 115 | \$ 20,572.80 | \$ 178.89 | .001 | \$ 467.56 | \$.24 |
| CO HOSPITAL INPATIENT TOTAL | 6 | 15 | 16,750.01 | 1116.67 | .000 | 2791.67 | .20 |
| HSC HOSPITALS | 6 | 15 | 16,750.01 | 1116.67 | .000 | 2791.67 | .20 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 39 | 100 | 3,822.79 | 38.23 | .001 | 98.02 | .05 |
| MEDICAL | 22 | 31 | 1,191.61 | 38.44 | .000 | 54.16 | .01 |
| SURGERY | 3 | 3 | 22.44 | 7.48 | .000 | 7.48 | .00 |
| PATHOLOGY | 7 | 11 | 85.53 | 7.78 | .000 | 12.22 | .00 |
| RADIOLOGY | 12 | 15 | 493.11 | 32.87 | .000 | 41.09 | .01 |
| ROOM USE | 25 | 30 | 1,073.49 | 35.78 | .000 | 42.94 | .01 |
| CROSSOVERS/ALL OTH OUTPTNT | 7 | 10 | 956.61 | 95.66 | .000 | 136.66 | .01 |

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SANTA BARBARA COUN SUMMARY OF SERVICES FOR ALL FAMILIES

| 84,654 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|------------------------------|-------|-------------------------------------|-----------------|------------------------------|--|------------------|----------------------|
| @COMMUNITY HOSPITAL TOTAL | 2,729 | 11,912 | \$ 5,401,916.00 | \$ 453.49 | .141 | \$ 1979.45 | \$ 63.81 |
| COMM HOSP INPATIENT TOTAL | 1,015 | 4,203 | 5,230,732.94 | 1244.52 | .050 | 5153.43 | 61.79 |
| HSC HOSPITALS | 27 | 106 | 148,060.11 | 1396.79 | .001 | 5483.71 | 1.75 |
| NON-HSC HOSPITALS TOTAL | 986 | 4,084 | 5,080,992.83 | 1244.12 | .048 | 5153.14 | 60.02 |
| ACCOMMODATIONS | 986 | 4,084 | 1,685,450.19 | 412.70 | .048 | 1709.38 | 19.91 |
| ADMINISTRATIVE DAYS | 5 | 43 | 9,020.71 | 209.78 | .001 | 1804.14 | .11 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 982 | 4,041 | 1,676,429.48 | 414.86 | .048 | 1707.16 | 19.80 |
| ANCILLARIES | 986 | 0 | 3,395,542.64 | .00 | .000 | 3443.76 | 40.11 |
| INPATIENT CROSSOVERS | 2 | 13 | 1,680.00 | 129.23 | .000 | 840.00 | .02 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 1,843 | 7,709 | 171,183.06 | 22.21 | .091 | 92.88 | 2.02 |
| MEDICAL | 183 | 213 | 7,267.67 | 34.12 | .003 | 39.71 | .09 |
| SURGERY | 116 | 119 | 4,030.34 | 33.87 | .001 | 34.74 | .05 |
| PATHOLOGY | 924 | 3,779 | 35,046.47 | 9.27 | .045 | 37.93 | .41 |
| RADIOLOGY | 599 | 775 | 51,364.11 | 66.28 | .009 | 85.75 | .61 |
| ROOM USE | 1,163 | 1,383 | 51,514.95 | 37.25 | .016 | 44.29 | .61 |
| CROSSOVERS/ALL OTH OUTPTNT | 808 | 1,440 | 21,959.52 | 15.25 | .017 | 27.18 | .26 |
| @STATE HOSPITAL | 2 | 0 | \$ 3,578.91 | \$.00 | .000 | \$ 1789.46 | \$.04 |
| MENTALLY ILL | 2 | 0 | 3,578.91 | .00 | .000 | 1789.46 | .04 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 13 | 504 | \$ 33,249.76 | \$ 65.97 | .006 | \$ 2557.67 | \$.39 |

| | | | | | | | |
|------------------------------|---|--------|-----------------|-----------|------|-----------|-------------|
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 13 | 504 | 33,249.76 | 65.97 | .006 | 2557.67 | .39 |
| @REHABILITATION FACILITY | 24 | 454 | \$ 7,599.42 | \$ 16.74 | .005 | \$ 316.64 | \$.09 |
| HOSPITAL BASED | 2 | 25 | 586.01 | 23.44 | .000 | 293.01 | .01 |
| INDEPENDENT FACILITY | 22 | 429 | 7,013.41 | 16.35 | .005 | 318.79 | .08 |
| @LABORATORY FACILITY | 2,749 | 9,079 | \$ 153,303.30 | \$ 16.89 | .107 | \$ 55.77 | \$ 1.81 |
| PATHOLOGY | 2,745 | 9,073 | 153,020.10 | 16.87 | .107 | 55.75 | 1.81 |
| XO AND OTHERS | 6 | 6 | 283.20 | 47.20 | .000 | 47.20 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 23,987 | 36,377 | \$ 5,838,716.41 | \$ 160.51 | .430 | \$ 243.41 | \$ 68.97 |
| CLINIC | 306 | 1,184 | 43,798.79 | 36.99 | .014 | 143.13 | .52 |
| SURGICENTER | 29 | 86 | 3,649.65 | 42.44 | .001 | 125.85 | .04 |
| HEROIN DETOX CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 23,661 | 35,107 | 5,791,267.97 | 164.96 | .415 | 244.76 | 68.41 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | | | | | | PAGE 13,352 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | 01/29/04 |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR ALL FAMILIES | | | | | | |

| | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|-------------------------------|-------|-------------------------------------|---------------|------------------------------|---|------------------|----------------------|
| 84,654 ELIGIBLES | | | | | | | |
| @ALL OTHER PROVIDERS | 6,879 | 26,190 | \$ 372,913.77 | \$ 14.24 | .309 | \$ 54.21 | \$ 4.41 |
| DURABLE MED. EQUIP. | 21 | 138 | 1,207.98 | 8.75 | .002 | 57.52 | .01 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 202 | 1,923 | 32,107.87 | 16.70 | .023 | 158.95 | .38 |
| AMBULANCES/AIR TRANS | 202 | 1,920 | 26,707.87 | 13.91 | .023 | 132.22 | .32 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 3 | 3 | 5,400.00 | 1800.00 | .000 | 1800.00 | .06 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 963 | 966 | 100,337.50 | 103.87 | .011 | 104.19 | 1.19 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 59 | 170 | 3,271.69 | 19.25 | .002 | 55.45 | .04 |
| PHYSICAL THERAPIST | 1 | 12 | 192.13 | 16.01 | .000 | 192.13 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 38 | 64 | 4,978.27 | 77.79 | .001 | 131.01 | .06 |
| PROSTHETICS | 16 | 31 | 1,060.10 | 34.20 | .000 | 66.26 | .01 |
| ORTHOTICS | 25 | 33 | 3,918.17 | 118.73 | .000 | 156.73 | .05 |
| PSYCHOLOGIST | 7 | 71 | 4,121.79 | 58.05 | .001 | 588.83 | .05 |
| SPEECH AND AUDIOLOGY | 13 | 74 | 2,286.01 | 30.89 | .001 | 175.85 | .03 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 5,584 | 22,671 | 224,323.41 | 9.89 | .268 | 40.17 | 2.65 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 2 | 101 | 87.12 | .86 | .001 | 43.56 | .00 |
| @CALIF. CHILDREN SERVICES* | 114 | 3,095 | \$ 794,655.51 | \$ 256.75 | .037 | \$ 6970.66 | \$ 9.39 |
| @XOVER EXCLUDING STATE HOSP** | 4 | 3 | \$ 1,748.72 | \$ 582.91 | .000 | \$ 437.18 | \$.02 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| | | | | | | | |
|----------------------------|---|--|--|--|--|--|-------------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | | | | | | PAGE 13,353 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | 01/29/04 |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT | | | | | | |

| | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|-----------------------|-------|-------------------------------------|---------------|------------------------------|---|------------------|----------------------|
| 1,736 ELIGIBLES | | | | | | | |
| @TOTAL, ALL PROVIDERS | 2,283 | 41,798 | \$ 705,118.32 | \$ 16.87 | 24.077 | \$ 308.86 | \$ 406.17 |
| @PHYSICIANS SERVICES | 263 | 542 | \$ 22,761.57 | \$ 42.00 | .312 | \$ 86.55 | \$ 13.11 |

| | | | | | | | | |
|----------------------------|-----|--------|----|-----------|----------|--------|-----------|----------|
| OUTPATIENT VISITS | 186 | 244 | | 10,302.85 | 42.22 | .141 | 55.39 | 5.93 |
| OFFICE VISITS | 140 | 165 | | 6,756.24 | 40.95 | .095 | 48.26 | 3.89 |
| HOME VISITS | 2 | 2 | | 72.44 | 36.22 | .001 | 36.22 | .04 |
| EMERGENCY ROOM | 35 | 36 | | 1,914.08 | 53.17 | .021 | 54.69 | 1.10 |
| PREVENTIVE CARE | 1 | 1 | | 37.39 | 37.39 | .001 | 37.39 | .02 |
| OB VISITS/COMPRE PERI | 11 | 39 | | 1,501.76 | 38.51 | .022 | 136.52 | .87 |
| OTHER OUTPATIENT | 1 | 1 | | 20.94 | 20.94 | .001 | 20.94 | .01 |
| INPATIENT VISITS | 37 | 111 | | 5,327.65 | 48.00 | .064 | 143.99 | 3.07 |
| HOSPITAL VISITS | 26 | 42 | | 2,094.87 | 49.88 | .024 | 80.57 | 1.21 |
| CRITICAL CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 11 | 69 | | 3,232.78 | 46.85 | .040 | 293.89 | 1.86 |
| OPHTHALMOLOGICAL SERVICES | 9 | 9 | | 482.98 | 53.66 | .005 | 53.66 | .28 |
| EXAMINATIONS | 9 | 9 | | 482.98 | 53.66 | .005 | 53.66 | .28 |
| SERVICES AND MATERIALS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 1 | 1 | | 159.41 | 159.41 | .001 | 159.41 | .09 |
| PRINCIPAL SURGEON | 1 | 1 | | 159.41 | 159.41 | .001 | 159.41 | .09 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 13 | 26 | | 1,806.77 | 69.49 | .015 | 138.98 | 1.04 |
| PRINCIPAL SURGEON | 11 | 12 | | 1,419.89 | 118.32 | .007 | 129.08 | .82 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 2 | 14 | | 386.88 | 27.63 | .008 | 193.44 | .22 |
| DIALYSIS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 15 | 27 | | 411.43 | 15.24 | .016 | 27.43 | .24 |
| RADIOLOGY | 28 | 38 | | 929.07 | 24.45 | .022 | 33.18 | .54 |
| PSYCHIATRY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 13 | 20 | | 187.48 | 9.37 | .012 | 14.42 | .11 |
| OTHER SERVICES/ALL X-OVERS | 25 | 66 | | 3,153.93 | 47.79 | .038 | 126.16 | 1.82 |
| @PHARMACY | 340 | 35,394 | \$ | 60,725.04 | \$ 1.72 | 20.388 | \$ 178.60 | \$ 34.98 |
| PRESCRIPTION DRUGS | 330 | 746 | | 57,696.81 | 77.34 | .430 | 174.84 | 33.24 |
| SNF/ICF | 12 | 58 | | 2,802.29 | 48.32 | .033 | 233.52 | 1.61 |
| OUTPATIENTS | 319 | 688 | | 54,894.52 | 79.79 | .396 | 172.08 | 31.62 |
| MEDICAL SUPPLIES | 21 | 34,648 | | 3,028.23 | .09 | 19.959 | 144.20 | 1.74 |
| @DENTIST | 559 | 2,964 | \$ | 94,445.67 | \$ 31.86 | 1.707 | \$ 168.95 | \$ 54.40 |
| VISITS - DIAGNOSTIC | 403 | 1,938 | | 26,896.55 | 13.88 | 1.116 | 66.74 | 15.49 |
| ORAL SURGERY | 72 | 170 | | 12,628.40 | 74.28 | .098 | 175.39 | 7.27 |
| DRUGS | 39 | 71 | | 1,428.35 | 20.12 | .041 | 36.62 | .82 |
| ANESTHESIA | 12 | 13 | | 950.00 | 73.08 | .007 | 79.17 | .55 |
| PERIODONTICS | 12 | 12 | | 1,477.00 | 123.08 | .007 | 123.08 | .85 |
| ENDODONTICS | 47 | 84 | | 12,514.00 | 148.98 | .048 | 266.26 | 7.21 |
| RESTORATIVE DENTISTRY | 206 | 621 | | 35,244.50 | 56.75 | .358 | 171.09 | 20.30 |
| PROSTHETICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS | 3 | 4 | | 120.00 | 30.00 | .002 | 40.00 | .07 |
| MAXILLOFACIAL SERVICES | 6 | 6 | | 876.59 | 146.10 | .003 | 146.10 | .50 |
| FRACTURES, DISLOCATIONS | 1 | 1 | | 700.00 | 700.00 | .001 | 700.00 | .40 |
| ORTHODONTIC SERVICES | 17 | 21 | | 1,460.28 | 69.54 | .012 | 85.90 | .84 |
| ALL OTHER SERVICES | 13 | 23 | | 150.00 | 6.52 | .013 | 11.54 | .09 |

#CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

PAGE 13,354 01/29/04

| | 1,736 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|-----------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @OPTOMETRIST | 28 | 55 | \$ | 1,842.72 | \$ 33.50 | .032 | \$ 65.81 | \$ 1.06 |
| DIAGNOSTIC AND ANC. PROCED | 28 | 27 | | 1,281.09 | 47.45 | .016 | 45.75 | .74 |
| EYE APPLIANCES | 15 | 28 | | 561.63 | 20.06 | .016 | 37.44 | .32 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | | |
|------------------------------|----|-----|----|----------|----|----------|--------|-----|---------|
| OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @PODIATRIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 |
| MEDICINE/INJECTIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 |
| SURGERY/ANES. | 0 | 0 | | .00 | | .00 | .000 | | .00 |
| RADIO./PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 |
| OTHER | 0 | 0 | | .00 | | .00 | .000 | | .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 |
| NURSE ANESTHESIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 |
| NURSE MIDWIFE | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 |
| @TOTAL HOSPITAL | 81 | 246 | \$ | 7,534.77 | \$ | 30.63 | .142 | \$ | 93.02 |
| HOSP INPATIENT TOTAL | 2 | 2CR | | 668.89 | | 334.45CR | .001CR | | 334.45 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | | .00 |
| NON-HSC HOSPITAL TOTAL | 2 | 2CR | | 668.89 | | 334.45CR | .001CR | | 334.45 |
| ACCOMMODATIONS | 2 | 2CR | | 180.60CR | | 90.30 | .001CR | | 90.30CR |

| | | | | | | | |
|-----------------------------|----|-----|-------------|----------|--------|-----------|--------|
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 2 | 2CR | 180.60CR | 90.30 | .001CR | 90.30CR | .10CR |
| ANCILLARIES | 2 | 0 | 849.49 | .00 | .000 | 424.75 | .49 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 79 | 248 | 6,865.88 | 27.69 | .143 | 86.91 | 3.96 |
| MEDICAL | 12 | 13 | 541.63 | 41.66 | .007 | 45.14 | .31 |
| SURGERY | 8 | 8 | 292.90 | 36.61 | .005 | 36.61 | .17 |
| PATHOLOGY | 19 | 93 | 1,127.74 | 12.13 | .054 | 59.35 | .65 |
| RADIOLOGY | 26 | 34 | 1,326.02 | 39.00 | .020 | 51.00 | .76 |
| ROOM USE | 52 | 66 | 2,849.41 | 43.17 | .038 | 54.80 | 1.64 |
| CROSSOVERS/ALL OTH OUTPTNT | 23 | 34 | 728.18 | 21.42 | .020 | 31.66 | .42 |
| @COUNTY HOSPITAL TOTAL | 7 | 40 | \$ 1,042.75 | \$ 26.07 | .023 | \$ 148.96 | \$.60 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 7 | 40 | 1,042.75 | 26.07 | .023 | 148.96 | .60 |
| MEDICAL | 4 | 4 | 122.05 | 30.51 | .002 | 30.51 | .07 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 2 | 20 | 309.75 | 15.49 | .012 | 154.88 | .18 |
| RADIOLOGY | 2 | 4 | 175.97 | 43.99 | .002 | 87.99 | .10 |
| ROOM USE | 6 | 10 | 367.80 | 36.78 | .006 | 61.30 | .21 |
| CROSSOVERS/ALL OTH OUTPTNT | 2 | 2 | 67.18 | 33.59 | .001 | 33.59 | .04 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,355
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

| | 1,736 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|-----------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @COMMUNITY HOSPITAL TOTAL | 74 | 206 | \$ | 6,492.02 | \$ 31.51 | .119 | \$ 87.73 | \$ 3.74 |
| COMM HOSP INPATIENT TOTAL | 2 | 2CR | | 668.89 | 334.45CR | .001CR | 334.45 | .39 |
| HSC HOSPITALS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 2 | 2CR | | 668.89 | 334.45CR | .001CR | 334.45 | .39 |
| ACCOMMODATIONS | 2 | 2CR | | 180.60CR | 90.30 | .001CR | 90.30CR | .10CR |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 2 | 2CR | | 180.60CR | 90.30 | .001CR | 90.30CR | .10CR |
| ANCILLARIES | 2 | 0 | | 849.49 | .00 | .000 | 424.75 | .49 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 72 | 208 | | 5,823.13 | 28.00 | .120 | 80.88 | 3.35 |
| MEDICAL | 8 | 9 | | 419.58 | 46.62 | .005 | 52.45 | .24 |
| SURGERY | 8 | 8 | | 292.90 | 36.61 | .005 | 36.61 | .17 |
| PATHOLOGY | 17 | 73 | | 817.99 | 11.21 | .042 | 48.12 | .47 |
| RADIOLOGY | 24 | 30 | | 1,150.05 | 38.34 | .017 | 47.92 | .66 |
| ROOM USE | 46 | 56 | | 2,481.61 | 44.31 | .032 | 53.95 | 1.43 |
| CROSSOVERS/ALL OTH OUTPTNT | 21 | 32 | | 661.00 | 20.66 | .018 | 31.48 | .38 |
| @STATE HOSPITAL | 4 | 0 | \$ | 11,760.78 | \$.00 | .000 | \$ 2940.20 | \$ 6.77 |
| MENTALLY ILL | 4 | 0 | | 11,760.78 | .00 | .000 | 2940.20 | 6.77 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 12 | 364 | \$ | 242,071.05 | \$ 665.03 | .210 | \$ 20172.59 | \$ 139.44 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|------------------------------|---|-------|---------------|-----------|------|-----------|-------------|
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 12 | 364 | 242,071.05 | 665.03 | .210 | 20172.59 | 139.44 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @REHABILITATION FACILITY | 1 | 2 | \$ 77.77 | \$ 38.89 | .001 | \$ 77.77 | \$.04 |
| HOSPITAL BASED | 1 | 2 | 77.77 | 38.89 | .001 | 77.77 | .04 |
| INDEPENDENT FACILITY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 137 | 259 | \$ 3,190.24 | \$ 12.32 | .149 | \$ 23.29 | \$ 1.84 |
| PATHOLOGY | 137 | 259 | 3,190.24 | 12.32 | .149 | 23.29 | 1.84 |
| XO AND OTHERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 965 | 1,559 | \$ 242,781.05 | \$ 155.73 | .898 | \$ 251.59 | \$ 139.85 |
| CLINIC | 47 | 98 | 2,585.73 | 26.39 | .056 | 55.02 | 1.49 |
| SURGICENTER | 1 | 4 | 168.21 | 42.05 | .002 | 168.21 | .10 |
| HEROIN DETOX CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 918 | 1,457 | 240,027.11 | 164.74 | .839 | 261.47 | 138.26 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | | | | | | PAGE 13,356 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | 01/29/04 |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT | | | | | | |

| 1,736 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|---|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @ALL OTHER PROVIDERS | 171 | 413 | \$ 17,927.66 | \$ 43.41 | .238 | \$ 104.84 | \$ 10.33 |
| DURABLE MED. EQUIP. | 11 | 26 | 3,249.23 | 124.97 | .015 | 295.38 | 1.87 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 4 | 12 | 399.21 | 33.27 | .007 | 99.80 | .23 |
| AMBULANCES/AIR TRANS | 4 | 12 | 399.21 | 33.27 | .007 | 99.80 | .23 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 99 | 99 | 10,128.50 | 102.31 | .057 | 102.31 | 5.83 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 1 | 2 | 161.38 | 80.69 | .001 | 161.38 | .09 |
| PROSTHETICS | 1 | 2 | 161.38 | 80.69 | .001 | 161.38 | .09 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 2 | 15 | 902.20 | 60.15 | .009 | 451.10 | .52 |
| SPEECH AND AUDIOLOGY | 1 | 3 | 195.80 | 65.27 | .002 | 195.80 | .11 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 52 | 255 | 2,860.67 | 11.22 | .147 | 55.01 | 1.65 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 1 | 1 | 30.67 | 30.67 | .001 | 30.67 | .02 |
| @CALIF. CHILDREN SERVICES* | 35 | 11,826 | \$ 15,583.68 | \$ 1.32 | 6.812 | \$ 445.25 | \$ 8.98 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; | | | | | | | |

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
MOP024 FEE-FOR-SERVICE/DENTAL
SANTA BARBARA COUN SUMMARY OF SERVICES FOR RENAL DIALYSIS

PAGE 13,357
01/29/04

| 07 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AID CODES 71 | | | MONTHLY AVERAGE | |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|--|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE | |
| @TOTAL, ALL PROVIDERS | 2 | 4 | \$ 952.92 | \$ 238.23 | .571 | \$ 476.46 | \$ 136.13 | |
| @PHYSICIANS SERVICES | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 | |
| OUTPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| OFFICE VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| OUTPATIENT SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| @PHARMACY | 1 | 2 | \$ 138.12 | \$ 69.06 | .286 | \$ 138.12 | \$ 19.73 | |
| PRESCRIPTION DRUGS | 1 | 2 | 138.12 | 69.06 | .286 | 138.12 | 19.73 | |
| SNF/ICF | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| OUTPATIENTS | 1 | 2 | 138.12 | 69.06 | .286 | 138.12 | 19.73 | |
| MEDICAL SUPPLIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| @DENTIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 | |
| VISITS - DIAGNOSTIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ORAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ANESTHESIA | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| PERIODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ENDODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| RESTORATIVE DENTISTRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| DENTURES, STAYPLATES | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ALL OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
MOP024 FEE-FOR-SERVICE/DENTAL

PAGE 13,358
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| 07 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | MONTHLY AVERAGE | | |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER |
| @OPTOMETRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | .00 | .00 | .000 | .00 |
| EYE APPLIANCES | 0 | 0 | .00 | .00 | .000 | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 |
| @PODIATRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 |
| OTHER | 0 | 0 | .00 | .00 | .000 | .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 |
| NURSE ANESTHESIST | 0 | 0 | .00 | .00 | .000 | .00 |
| NURSE MIDWIFE | 0 | 0 | .00 | .00 | .000 | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | .00 | .00 | .000 | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | .00 | .00 | .000 | .00 |
| @TOTAL HOSPITAL | 1 | 2 | \$ 814.80 | \$ 407.40 | .286 | \$ 814.80 |
| HOSP INPATIENT TOTAL | 1 | 2 | 814.80 | 407.40 | .286 | 814.80 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | .00 | .00 | .000 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 |
| INPATIENT CROSSOVERS | 1 | 2 | 814.80 | 407.40 | .286 | 814.80 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 |
| HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 |

| 07 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | ----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|--|------------------|----------------------|
| @COMMUNITY HOSPITAL TOTAL | 1 | 2 | \$ 814.80 | \$ 407.40 | .286 | \$ 814.80 | \$ 116.40 |
| COMM HOSP INPATIENT TOTAL | 1 | 2 | 814.80 | 407.40 | .286 | 814.80 | 116.40 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 1 | 2 | 814.80 | 407.40 | .286 | 814.80 | 116.40 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|------------------------------|---|---|--------|--------|------|--------|--------|
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSEOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @STATE HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INDEPENDENT FACILITY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| XO AND OTHERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGICENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,360
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR RENAL DIALYSIS AID CODES 71

| 07 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | | |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @ALL OTHER PROVIDERS | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | |
|-------------------------------|---|---|----|--------|-----|------|-----|--------|
| HOSPICE SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$ | .00 | \$ | .000 | \$ | .00 |
| @XOVER EXCLUDING STATE HOSP** | 1 | 0 | \$ | 814.80 | \$ | .000 | \$ | 116.40 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| | | |
|----------------------------|---|-------------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | PAGE 13,361 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | 01/29/04 |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION | |

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AID CODES 73 | | | |
|----------------------------|-------|-------------------------------------|--------------|--------------|----------|---------------|-------------------|
| | | | | PER UNIT/DAY | PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @PHYSICIANS SERVICES | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| OUTPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OFFICE VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRI PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PHARMACY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| PRESCRIPTION DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL SUPPLIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @DENTIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS - DIAGNOSTIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PERIODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ENDODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|------------------------------|---|-------------------------------------|--------------|------------------------------|--|------------------|----------------------|
| RESTORATIVE DENTISTRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | | | | | | PAGE 13,362 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | 01/29/04 |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION AID CODES 73 | | | | | | |
| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @OPTOMETRIST | 0 | 0 \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EYE APPLIANCES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 0 | 0 \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HOME HEALTH AGENCY | 0 | 0 \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE ANESTHESIST | 0 | 0 \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE MIDWIFE | 0 | 0 \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| @TOTAL HOSPITAL | 0 | 0 \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|------------------------------|---|-------------------------------------|--------------|------------------------------|-----------------------------|------------------|----------------------|
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | | | | | | PAGE 13,363 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | 01/29/04 |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION | | | | | | AID CODES 73 |
| | | | | | ----- MONTHLY AVERAGE ----- | | |
| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| COMM HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @STATE HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INDEPENDENT FACILITY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| XO AND OTHERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGICENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | | | | | | PAGE 13,364 |

MOP024
SANTA BARBARA COUN

FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION

01/29/04

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AID CODES 73 | | | | |
|---------------------------|-------|-------------------------------------|--------------|------------------------------|--|------------------|----------------------|--|
| | | | | AVERAGE COST PER UNIT/DAY | ----- MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE | |
| @ALL OTHER PROVIDERS | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 | |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| MEDICAL TRANSPORTATION | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |

| | | | | | | | |
|--------------------------------|---|---|-----|--------|------|--------|--------|
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | .00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | .00 | \$.00 | .000 | \$.00 | \$.00 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

PAGE 13,365

MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

SANTA BARBARA COUN

SUMMARY OF SERVICES FOR IRCA ALIENS

AID CODES 51 52 56 57

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE | | COST PER USER | COST PER ELIGIBLE |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|----|------------------|----------------------|
| | | | | | UNITS/DAYS PER ELIG | | | |
| @TOTAL, ALL PROVIDERS | 0 | 0 | \$.00 | \$.00 | .000 | \$ | .00 | \$.00 |
| @PHYSICIANS SERVICES | 0 | 0 | \$.00 | \$.00 | .000 | \$ | .00 | \$.00 |
| OUTPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| OFFICE VISITS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| OUTPATIENT SURGERY | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| @PHARMACY | 0 | 0 | \$.00 | \$.00 | .000 | \$ | .00 | \$.00 |
| PRESCRIPTION DRUGS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |

| | | | | | | | |
|-------------------------|---|---|--------|--------|------|--------|--------|
| SNF/ICF | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL SUPPLIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @DENTIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS - DIAGNOSTIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PERIODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ENDODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESTORATIVE DENTISTRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,366
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR IRCA ALIENS AID CODES 51 52 56 57

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @OPTOMETRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EYE APPLIANCES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE ANESTHESIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NURSE MIDWIFE | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @TOTAL HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |

| | | | | | | | |
|-----------------------------|---|---|-----|-----|------|-----|-----|
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,367
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 SANTA BARBARA COUN SUMMARY OF SERVICES FOR IRCA ALIENS AID CODES 51 52 56 57

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | | |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| COMM HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @STATE HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | | |
|------------------------------|---|---|----|-----|-----|------|------|-----|-----|
| INDEPENDENT FACILITY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | .00 |
| @LABORATORY FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 |
| XO AND OTHERS | 0 | 0 | | .00 | | .00 | .000 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 |
| CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 |
| RURAL HEALTH CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 |

#CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR IRCA ALIENS

AID CODES 51 52 56 57

PAGE 13,368 01/29/04

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|-------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @ALL OTHER PROVIDERS | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

PAGE 13,369 01/29/04

| 6,183 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|-----------------------|-------|-------------------------------------|-----------------|------------------------------|------------------------|------------------|----------------------|
| @TOTAL, ALL PROVIDERS | 3,427 | 22,980 | \$ 3,387,220.32 | \$ 147.40 | 3.717 | \$ 988.39 | \$ 547.83 |
| @PHYSICIANS SERVICES | 1,636 | 5,865 | \$ 424,159.92 | \$ 72.32 | .949 | \$ 259.27 | \$ 68.60 |
| OUTPATIENT VISITS | 653 | 1,966 | 68,413.73 | 34.80 | .318 | 104.77 | 11.06 |
| OFFICE VISITS | 137 | 168 | 9,824.30 | 58.48 | .027 | 71.71 | 1.59 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 196 | 218 | 14,317.09 | 65.67 | .035 | 73.05 | 2.32 |

| | | | | | | | |
|----------------------------|-----|-------|------------|--------|------|---------|-------|
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 351 | 1,577 | 44,161.62 | 28.00 | .255 | 125.82 | 7.14 |
| OTHER OUTPATIENT | 3 | 3 | 110.72 | 36.91 | .000 | 36.91 | .02 |
| INPATIENT VISITS | 239 | 646 | 49,647.73 | 76.85 | .104 | 207.73 | 8.03 |
| HOSPITAL VISITS | 224 | 479 | 21,382.14 | 44.64 | .077 | 95.46 | 3.46 |
| CRITICAL CARE | 22 | 167 | 28,265.59 | 169.26 | .027 | 1284.80 | 4.57 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 1 | 1 | 22.72 | 22.72 | .000 | 22.72 | .00 |
| EXAMINATIONS | 1 | 1 | 22.72 | 22.72 | .000 | 22.72 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 482 | 1,296 | 232,276.26 | 179.23 | .210 | 481.90 | 37.57 |
| PRINCIPAL SURGEON | 311 | 333 | 191,900.44 | 576.28 | .054 | 617.04 | 31.04 |
| ASSISTANT SURGEON | 48 | 48 | 8,952.00 | 186.50 | .008 | 186.50 | 1.45 |
| ANESTHESIOLOGIST | 195 | 915 | 31,423.82 | 34.34 | .148 | 161.15 | 5.08 |
| OUTPATIENT SURGERY | 146 | 280 | 10,960.64 | 39.15 | .045 | 75.07 | 1.77 |
| PRINCIPAL SURGEON | 130 | 214 | 8,849.41 | 41.35 | .035 | 68.07 | 1.43 |

| | | | | | | | |
|----------------------------|---|-------|--------------|----------|------|----------|-------------|
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 21 | 66 | 2,111.23 | 31.99 | .011 | 100.53 | .34 |
| DIALYSIS | 17 | 24 | 5,400.96 | 225.04 | .004 | 317.70 | .87 |
| PATHOLOGY | 398 | 634 | 10,668.17 | 16.83 | .103 | 26.80 | 1.73 |
| RADIOLOGY | 499 | 859 | 38,518.84 | 44.84 | .139 | 77.19 | 6.23 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 19 | 22 | 1,216.62 | 55.30 | .004 | 64.03 | .20 |
| OTHER SERVICES/ALL X-OVERS | 103 | 137 | 7,034.25 | 51.34 | .022 | 68.29 | 1.14 |
| @PHARMACY | 877 | 4,056 | \$ 46,329.35 | \$ 11.42 | .656 | \$ 52.83 | \$ 7.49 |
| PRESCRIPTION DRUGS | 844 | 1,531 | 37,621.65 | 24.57 | .248 | 44.58 | 6.08 |
| SNF/ICF | 1 | 1 | 101.28 | 101.28 | .000 | 101.28 | .02 |
| OUTPATIENTS | 843 | 1,530 | 37,520.37 | 24.52 | .247 | 44.51 | 6.07 |
| MEDICAL SUPPLIES | 56 | 2,525 | 8,707.70 | 3.45 | .408 | 155.49 | 1.41 |
| @DENTIST | 14 | 43 | \$ 244.00 | \$ 5.67 | .007 | \$ 17.43 | \$.04 |
| VISITS - DIAGNOSTIC | 14 | 35 | 129.00 | 3.69 | .006 | 9.21 | .02 |
| ORAL SURGERY | 3 | 6 | 90.00 | 15.00 | .001 | 30.00 | .01 |
| DRUGS | 1 | 1 | 25.00 | 25.00 | .000 | 25.00 | .00 |
| ANESTHESIA | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PERIODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ENDODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESTORATIVE DENTISTRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 1 | 1 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | | | | | | PAGE 13,370 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | 01/29/04 |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F | | | | | | |

| 6,183 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|------------------------------|-------|-------------------------------------|-----------------|------------------------------|------------------------|------------------|----------------------|
| @OPTOMETRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EYE APPLIANCES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HOME HEALTH AGENCY | 199 | 249 | \$ 13,115.82 | \$ 52.67 | .040 | \$ 65.91 | \$ 2.12 |
| NURSE ANESTHESIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NURSE MIDWIFE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @TOTAL HOSPITAL | 767 | 3,900 | \$ 2,260,304.53 | \$ 579.57 | .631 | \$ 2946.94 | \$ 365.57 |
| HOSP INPATIENT TOTAL | 378 | 1,791 | 2,214,543.02 | 1236.48 | .290 | 5858.58 | 358.17 |
| HSC HOSPITALS | 15 | 111 | 140,908.11 | 1269.44 | .018 | 9393.87 | 22.79 |
| NON-HSC HOSPITAL TOTAL | 363 | 1,680 | 2,073,634.91 | 1234.31 | .272 | 5712.49 | 335.38 |
| ACCOMMODATIONS | 363 | 1,680 | 667,800.42 | 397.50 | .272 | 1839.67 | 108.01 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 363 | 1,680 | 667,800.42 | 397.50 | .272 | 1839.67 | 108.01 |
| ANCILLARIES | 363 | 0 | 1,405,834.49 | .00 | .000 | 3872.82 | 227.37 |

| | | | | | | | | |
|-----------------------------|---|-------|-------------|-----------|------|-----------|--------|-------------|
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| HOSP OUTPATIENT TOTAL | 460 | 2,109 | 45,761.51 | 21.70 | .341 | 99.48 | 7.40 | |
| MEDICAL | 39 | 45 | 1,674.68 | 37.22 | .007 | 42.94 | .27 | |
| SURGERY | 25 | 25 | 1,241.62 | 49.66 | .004 | 49.66 | .20 | |
| PATHOLOGY | 275 | 1,156 | 10,311.98 | 8.92 | .187 | 37.50 | 1.67 | |
| RADIOLOGY | 129 | 178 | 14,065.24 | 79.02 | .029 | 109.03 | 2.27 | |
| ROOM USE | 281 | 346 | 13,793.76 | 39.87 | .056 | 49.09 | 2.23 | |
| CROSSOVERS/ALL OTH OUTPTNT | 180 | 359 | 4,674.23 | 13.02 | .058 | 25.97 | .76 | |
| @COUNTY HOSPITAL TOTAL | 7 | 33 | \$ 3,885.76 | \$ 117.75 | .005 | \$ 555.11 | \$.63 | |
| CO HOSPITAL INPATIENT TOTAL | 1 | 3 | 3,300.03 | 1100.01 | .000 | 3300.03 | .53 | |
| HSC HOSPITALS | 1 | 3 | 3,300.03 | 1100.01 | .000 | 3300.03 | .53 | |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| CO HOSP OUTPATIENT TOTAL | 6 | 30 | 585.73 | 19.52 | .005 | 97.62 | .09 | |
| MEDICAL | 2 | 2 | 144.35 | 72.18 | .000 | 72.18 | .02 | |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| PATHOLOGY | 3 | 21 | 171.73 | 8.18 | .003 | 57.24 | .03 | |
| RADIOLOGY | 1 | 1 | 46.02 | 46.02 | .000 | 46.02 | .01 | |
| ROOM USE | 4 | 4 | 150.47 | 37.62 | .001 | 37.62 | .02 | |
| CROSSOVERS/ALL OTH OUTPTNT | 2 | 2 | 73.16 | 36.58 | .000 | 36.58 | .01 | |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | | | | | | | PAGE 13,371 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | 01/29/04 |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F | | | | | | | |

| 6,183 ELIGIBLES | | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|-----------------------------|-----|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @COMMUNITY HOSPITAL TOTAL | 760 | 3,867 | \$ 2,256,418.77 | \$ 583.51 | .625 | \$ 2968.97 | \$ 364.94 | |
| COMM HOSP INPATIENT TOTAL | 377 | 1,788 | 2,211,242.99 | 1236.71 | .289 | 5865.37 | 357.63 | |
| HSC HOSPITALS | 14 | 108 | 137,608.08 | 1274.15 | .017 | 9829.15 | 22.26 | |
| NON-HSC HOSPITALS TOTAL | 363 | 1,680 | 2,073,634.91 | 1234.31 | .272 | 5712.49 | 335.38 | |
| ACCOMMODATIONS | 363 | 1,680 | 667,800.42 | 397.50 | .272 | 1839.67 | 108.01 | |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ALL OTHER ACCOM | 363 | 1,680 | 667,800.42 | 397.50 | .272 | 1839.67 | 108.01 | |
| ANCILLARIES | 363 | 0 | 1,405,834.49 | .00 | .000 | 3872.82 | 227.37 | |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| COMM HOSP OUTPATIENT TOTAL | 454 | 2,079 | 45,175.78 | 21.73 | .336 | 99.51 | 7.31 | |
| MEDICAL | 37 | 43 | 1,530.33 | 35.59 | .007 | 41.36 | .25 | |
| SURGERY | 25 | 25 | 1,241.62 | 49.66 | .004 | 49.66 | .20 | |
| PATHOLOGY | 272 | 1,135 | 10,140.25 | 8.93 | .184 | 37.28 | 1.64 | |
| RADIOLOGY | 128 | 177 | 14,019.22 | 79.20 | .029 | 109.53 | 2.27 | |
| ROOM USE | 277 | 342 | 13,643.29 | 39.89 | .055 | 49.25 | 2.21 | |
| CROSSOVERS/ALL OTH OUTPTNT | 178 | 357 | 4,601.07 | 12.89 | .058 | 25.85 | .74 | |
| @STATE HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 | |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| @NURSING FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 | |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |

| | | | | | | | | | | |
|------------------------------|---|-------|----|------------|----|--------|------|------------|----------|-------------|
| LEV B-REGULAR | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 | |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$.00 | \$.00 | |
| ICF DDH | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 | |
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 | |
| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 | |
| @HEMODIALYSIS TOTAL | 23 | 1,320 | \$ | 44,976.34 | \$ | 34.07 | .213 | \$ 1955.49 | \$ 7.27 | |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 | |
| HEMODIALYSIS CENTER | 23 | 1,320 | | 44,976.34 | | 34.07 | .213 | 1955.49 | 7.27 | |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$.00 | \$.00 | |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 | |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 | |
| @LABORATORY FACILITY | 1,028 | 3,594 | \$ | 60,565.24 | \$ | 16.85 | .581 | \$ 58.92 | \$ 9.80 | |
| PATHOLOGY | 1,028 | 3,594 | | 60,565.24 | | 16.85 | .581 | 58.92 | 9.80 | |
| XO AND OTHERS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 | |
| @ORGANIZED OUTPATIENT CLINIC | 1,129 | 3,165 | \$ | 506,554.58 | \$ | 160.05 | .512 | \$ 448.68 | \$ 81.93 | |
| CLINIC | 137 | 689 | | 18,914.45 | | 27.45 | .111 | 138.06 | 3.06 | |
| SURGICENTER | 1 | 3 | | 131.08 | | 43.69 | .000 | 131.08 | .02 | |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 | |
| RURAL HEALTH CLINIC | 997 | 2,473 | | 487,509.05 | | 197.13 | .400 | 488.98 | 78.85 | |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | | | | | | | | | PAGE 13,372 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | | | 01/29/04 |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F | | | | | | | | | |

| | 6,183 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|-------------------------------|-----------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @ALL OTHER PROVIDERS | 257 | 788 | \$ | 30,970.54 | \$ 39.30 | .127 | \$ 120.51 | \$ 5.01 |
| DURABLE MED. EQUIP. | 4 | 43 | | 183.60 | 4.27 | .007 | 45.90 | .03 |
| BLOOD BANK | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 49 | 530 | | 9,425.67 | 17.78 | .086 | 192.36 | 1.52 |
| AMBULANCES/AIR TRANS | 49 | 529 | | 7,625.67 | 14.42 | .086 | 155.63 | 1.23 |
| OTHER TRANS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 1 | 1 | | 1,800.00 | 1800.00 | .000 | 1800.00 | .29 |
| ACUPUNCTURE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 198 | 198 | | 20,685.00 | 104.47 | .032 | 104.47 | 3.35 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 8 | 16 | | 643.65 | 40.23 | .003 | 80.46 | .10 |
| PROSTHETICS | 5 | 11 | | 326.04 | 29.64 | .002 | 65.21 | .05 |
| ORTHOTICS | 4 | 5 | | 317.61 | 63.52 | .001 | 79.40 | .05 |
| PSYCHOLOGIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 1 | 1 | | 32.62 | 32.62 | .000 | 32.62 | .01 |
| HOSPICE SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 17 | 793 | \$ | 386,573.28 | \$ 487.48 | .128 | \$ 22739.60 | \$ 62.52 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SANTA BARBARA COUN

SUMMARY OF SERVICES FOR REFUGEES

AID CODES 01 02 08 0A

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE | | COST PER ELIGIBLE |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| | | | | | UNITS/DAYS PER ELIG | COST PER USER | |
| @TOTAL, ALL PROVIDERS | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @PHYSICIANS SERVICES | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| OUTPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OFFICE VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PHARMACY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| PRESCRIPTION DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL SUPPLIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @DENTIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS - DIAGNOSTIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PERIODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ENDODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESTORATIVE DENTISTRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV
MOP024
SANTA BARBARA COUN

MEDI-CAL SERVICES AND EXPENDITURES
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR REFUGEES

MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

PAGE 13,374
01/29/04

AID CODES 01 02 08 0A

00 ELIGIBLES

USERS

UNITS OF SERVICE
OR DAYS OF CARE

EXPENDITURES

AVERAGE COST
PER UNIT/DAYMONTHLY AVERAGE
UNITS/DAYS
PER ELIGCOST PER
USERCOST PER
ELIGIBLE

| | | | | | | | | | | | |
|------------------------------|---|---|----|-----|----|-----|------|----|-----|----|-----|
| @OPTOMETRIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| EYE APPLIANCES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @CHIROPRACTOR | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| VISITS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @PODIATRIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| MEDICINE/INJECTIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY/ANES. | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIO./PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| NURSE ANESTHESIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| NURSE MIDWIFE | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |

| | | | | | | | | | | | |
|-----------------------------|---|---|----|-----|----|-----|------|----|-----|----|-----------------------|
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| @TOTAL HOSPITAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSP INPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HOSP OUTPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| MEDICAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ROOM USE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| MEDICAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ROOM USE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | | | | | | | | | | PAGE 13,375 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | | | | 01/29/04 |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR REFUGEES | | | | | | | | | | AID CODES 01 02 08 0A |

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | MONTHLY AVERAGE | | |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER |
| @COMMUNITY HOSPITAL TOTAL | 0 | 0 | \$.00 | .00 | .000 | \$.00 |
| COMM HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 |

| | | | | | | | | | | | |
|------------------------------|---|---|----|-----|----|-----|------|----|-----|----|-----|
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| MENTALLY ILL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @NURSING FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REGULAR | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| ICF DDH | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @LABORATORY FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| XO AND OTHERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |

#CALIF DEPT OF HEALTH SERV
MOP024
SANTA BARBARA COUN

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR REFUGEES

PAGE 13,376
01/29/04

| 00 ELIGIBLES | | | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | | |
|----------------------------|---|--|-------|-------------------------------------|------------------------------|-----------------------------|------------------|----------------------|--------|
| | | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE | |
| @ALL OTHER PROVIDERS | 0 | | | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| DURABLE MED. EQUIP. | 0 | | | | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | | | | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | | | | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 0 | | | | .00 | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | | | | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | | | | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | | | | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | | | | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | | | | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | | | | .00 | .00 | .000 | .00 | .00 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | | | | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | | | | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | | | | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | | | | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | | | | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | | | | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | | | | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | | | | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | | | | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | | | | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | | | | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | | | | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | | | | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | | | | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | | |
|-------------------------------|---|---|----|-----|----|-----|------|-----|-----|
| RESPIRATORY CARE PRACT. | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| | | |
|----------------------------|---|--------------------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | PAGE 13,377 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | 01/29/04 |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR BCCTP-FEDERAL | AID CODES 0M 0N 0P |

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @TOTAL, ALL PROVIDERS | 127 | 309 | \$ 38,883.11 | \$ 125.84 | .000 | \$ 306.17 | \$.00 |
| @PHYSICIANS SERVICES | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| OUTPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OFFICE VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PHARMACY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| PRESCRIPTION DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL SUPPLIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @DENTIST | 19 | 119 | \$ 5,830.00 | \$ 48.99 | .000 | \$ 306.84 | \$.00 |
| VISITS - DIAGNOSTIC | 11 | 48 | 525.00 | 10.94 | .000 | 47.73 | .00 |
| ORAL SURGERY | 5 | 38 | 2,117.00 | 55.71 | .000 | 423.40 | .00 |
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 1 | 1 | 100.00 | 100.00 | .000 | 100.00 | .00 |
| PERIODONTICS | 2 | 2 | 400.00 | 200.00 | .000 | 200.00 | .00 |
| ENDODONTICS | 3 | 3 | 591.00 | 197.00 | .000 | 197.00 | .00 |
| RESTORATIVE DENTISTRY | 6 | 18 | 1,825.00 | 101.39 | .000 | 304.17 | .00 |
| PROSTHETICS | 1 | 1 | 30.00 | 30.00 | .000 | 30.00 | .00 |
| DENTURES, STAYPLATES | 2 | 7 | 242.00 | 34.57 | .000 | 121.00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|-------------------------|---|---|-----|-----|------|-----|-----|
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 1 | 1 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,378
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES 0M 0N 0P

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE | | COST PER ELIGIBLE |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| | | | | | UNITS/DAYS PER ELIG | COST PER USER | |
| @OPTOMETRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EYE APPLIANCES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE ANESTHESIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE MIDWIFE | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @TOTAL HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|-----------------------------|---|---|-----|-----|------|-----|-----|
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSTOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,379
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES 0M 0N 0P

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | ----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER | COST PER ELIGIBLE |
|---------------------------|-------|-------------------------------------|--------------|------------------------------|---|----------------------|
| @COMMUNITY HOSPITAL TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 |
| COMM HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 |

| | | | | | | | | |
|------------------------------|-----|-----|----|-----------|--------|--------|--------|--------|
| ALL OTHER ACCOM | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | \$ | .000 | \$ | .00 |
| MENTALLY ILL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 | \$ | .00 | \$ | .000 | \$ | .00 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$ | .00 | \$ | .000 | \$ | .00 |
| ICF DDH | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | \$ | .000 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$ | .000 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 0 | 0 | \$ | .00 | \$ | .000 | \$ | .00 |
| PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| XO AND OTHERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 112 | 190 | \$ | 33,053.11 | \$ | 173.96 | \$ | 295.12 |
| CLINIC | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SURGICENTER | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 112 | 190 | | 33,053.11 | 173.96 | .000 | 295.12 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,380
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES 0M 0N 0P

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | | |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @ALL OTHER PROVIDERS | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|-------------------------------|---|---|--------|--------|------|--------|--------|
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| | | | |
|----------------------------|------------------------------------|--|-----------------------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES | MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | PAGE 13,381 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | 01/29/04 |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR | BCCTP-STATE-ONLY | AID CODES 0R 0T 0U 0V |

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE | | |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| | | | | | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 10 | 15 | \$ 2,626.09 | \$ 175.07 | .000 | \$ 262.61 | \$.00 |
| @PHYSICIANS SERVICES | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| OUTPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OFFICE VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PHARMACY | 1 | 1 | \$ 145.02 | \$ 145.02 | .000 | \$ 145.02 | \$.00 |
| PRESCRIPTION DRUGS | 1 | 1 | 145.02 | 145.02 | .000 | 145.02 | .00 |
| SNF/ICF | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 1 | 1 | 145.02 | 145.02 | .000 | 145.02 | .00 |
| MEDICAL SUPPLIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @DENTIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |

| | | | | | | | |
|-------------------------|---|---|-----|-----|------|-----|-----|
| VISITS - DIAGNOSTIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PERIODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ENDODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESTORATIVE DENTISTRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,382
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES 0R 0T 0U 0V

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | ----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|---|
| @OPTOMETRIST | 0 | 0 | \$.00 | \$.00 | .000 \$.00 \$.00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | .00 | .00 | .000 .00 .00 |
| EYE APPLIANCES | 0 | 0 | .00 | .00 | .000 .00 .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 .00 .00 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$.00 | .000 \$.00 \$.00 |
| VISITS | 0 | 0 | .00 | .00 | .000 .00 .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 .00 .00 |
| @PODIATRIST | 0 | 0 | \$.00 | \$.00 | .000 \$.00 \$.00 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 .00 .00 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 .00 .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 .00 .00 |
| OTHER | 0 | 0 | .00 | .00 | .000 .00 .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$.00 | \$.00 | .000 \$.00 \$.00 |
| NURSE ANESTHESIST | 0 | 0 | .00 | .00 | .000 .00 .00 |
| NURSE MIDWIFE | 0 | 0 | .00 | .00 | .000 .00 .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | .00 | .00 | .000 .00 .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | .00 | .00 | .000 .00 .00 |
| @TOTAL HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 \$.00 \$.00 |
| HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 .00 .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 .00 .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | .00 | .00 | .000 .00 .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 .00 .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 .00 .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 .00 .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 .00 .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 .00 .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 .00 .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 .00 .00 |
| HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 .00 .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 .00 .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 .00 .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 .00 .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 .00 .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 .00 .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 .00 .00 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$.00 | \$.00 | .000 \$.00 \$.00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 .00 .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 .00 .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 .00 .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 .00 .00 |

| | | | | | | | |
|----------------------------|---|---|-----|-----|------|-----|-----|
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,383
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES 0R 0T 0U 0V

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @COMMUNITY HOSPITAL TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| COMM HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @STATE HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INDEPENDENT FACILITY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| XO AND OTHERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | | | | |
|------------------------------|---|----|----|----------|----|--------|------|----|--------|----|-----|
| @ORGANIZED OUTPATIENT CLINIC | 9 | 14 | \$ | 2,481.07 | \$ | 177.22 | .000 | \$ | 275.67 | \$ | .00 |
| CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 9 | 14 | | 2,481.07 | | 177.22 | .000 | | 275.67 | | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,384
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES 0R 0T 0U 0V

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @ALL OTHER PROVIDERS | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|-------------------------------|---|---|--------|--------|------|--------|--------|
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| | | | |
|----------------------------|-------------------------------------|--|-------------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES | MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | PAGE 13,385 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | 01/29/04 |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR BCCTP-TOTAL | | |

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @TOTAL, ALL PROVIDERS | 137 | 324 | \$ 41,509.20 | \$ 128.11 | .000 | \$ 302.99 | \$.00 |
| @PHYSICIANS SERVICES | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| OUTPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OFFICE VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | | |
|----------------------------|---|-----|----|----------|----|--------|------|-----------|-------------|
| RADIOLOGY | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| PSYCHIATRY | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @PHARMACY | 1 | 1 | \$ | 145.02 | \$ | 145.02 | .000 | \$ 145.02 | \$.00 |
| PRESCRIPTION DRUGS | 1 | 1 | | 145.02 | | 145.02 | .000 | 145.02 | .00 |
| SNF/ICF | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 1 | 1 | | 145.02 | | 145.02 | .000 | 145.02 | .00 |
| MEDICAL SUPPLIES | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @DENTIST | 19 | 119 | \$ | 5,830.00 | \$ | 48.99 | .000 | \$ 306.84 | \$.00 |
| VISITS - DIAGNOSTIC | 11 | 48 | | 525.00 | | 10.94 | .000 | 47.73 | .00 |
| ORAL SURGERY | 5 | 38 | | 2,117.00 | | 55.71 | .000 | 423.40 | .00 |
| DRUGS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ANESTHESIA | 1 | 1 | | 100.00 | | 100.00 | .000 | 100.00 | .00 |
| PERIODONTICS | 2 | 2 | | 400.00 | | 200.00 | .000 | 200.00 | .00 |
| ENDODONTICS | 3 | 3 | | 591.00 | | 197.00 | .000 | 197.00 | .00 |
| RESTORATIVE DENTISTRY | 6 | 18 | | 1,825.00 | | 101.39 | .000 | 304.17 | .00 |
| PROSTHETICS | 1 | 1 | | 30.00 | | 30.00 | .000 | 30.00 | .00 |
| DENTURES, STAYPLATES | 2 | 7 | | 242.00 | | 34.57 | .000 | 121.00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 1 | 1 | | .00 | | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | | | | | | | | PAGE 13,386 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | | 01/29/04 |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR BCCTP-TOTAL | | | | | | | | |

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | ----- MONTHLY AVERAGE ----- | | COST PER ELIGIBLE |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|-----------------------------|------------------|----------------------|
| | | | | | UNITS/DAYS PER ELIG | COST PER USER | |
| @OPTOMETRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EYE APPLIANCES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE ANESTHESIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NURSE MIDWIFE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @TOTAL HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|-----------------------------|---|---|--------|--------|------|--------|-------------|
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSEVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSEVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSEVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | | | | | | PAGE 13,387 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | 01/29/04 |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR BCCTP-TOTAL | | | | | | |

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | | |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| COMM HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSEVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSEVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @STATE HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | |
|------------------------------|-----|-----|----|-----------|-----------|------|-----------|--------|
| ICF DDN/DDCN | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| XO AND OTHERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 121 | 204 | \$ | 35,534.18 | \$ 174.19 | .000 | \$ 293.67 | \$.00 |
| CLINIC | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SURGICENTER | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 121 | 204 | | 35,534.18 | 174.19 | .000 | 293.67 | .00 |

#CALIF DEPT OF HEALTH SERV MOP024
 SANTA BARBARA COUN

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR BCCTP-TOTAL

PAGE 13,388
 01/29/04

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|-------------------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @ALL OTHER PROVIDERS | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024
 SANTA BARBARA COUN

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR QMB - ONLY

PAGE 13,389
 01/29/04

| 237 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|---------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
|---------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|

| | | | | | | | | | | | |
|---------------------------|-----|--------|----|------------|----|-------|--------|----|--------|----|--------|
| @TOTAL, ALL PROVIDERS | 287 | 13,153 | \$ | 135,327.75 | \$ | 10.29 | 55.498 | \$ | 471.53 | \$ | 571.00 |
| @PHYSICIANS SERVICES | 33 | 69 | \$ | 2,183.82 | \$ | 31.65 | .291 | \$ | 66.18 | \$ | 9.21 |
| OUTPATIENT VISITS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OFFICE VISITS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HOME VISITS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| EMERGENCY ROOM | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PREVENTIVE CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER OUTPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT VISITS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HOSPITAL VISITS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CRITICAL CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| EXAMINATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SERVICES AND MATERIALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |

| | | | | | | | | |
|------------------------------|---|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|---------|
| INPATIENT HOSPITAL SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PSYCHIATRY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 33 | 69 | | 2,183.82 | 31.65 | .291 | 66.18 | 9.21 |
| @PHARMACY | 13 | 124 | \$ | 879.31 | \$ 7.09 | .523 | \$ 67.64 | \$ 3.71 |
| PRESCRIPTION DRUGS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| MEDICAL SUPPLIES | 13 | 124 | | 879.31 | 7.09 | .523 | 67.64 | 3.71 |
| @DENTIST | 1 | 1 | \$ | .00 | \$.00 | .004 | \$.00 | \$.00 |
| VISITS - DIAGNOSTIC | 1 | 1 | | .00 | .00 | .004 | .00 | .00 |
| ORAL SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| DRUGS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PERIODONTICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ENDODONTICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RESTORATIVE DENTISTRY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | | | | | | | |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR QMB - ONLY | | | | | | | |
| | | | | AID CODE 80 | | | | |
| | | | | ----- MONTHLY AVERAGE ----- | | | | |
| 237 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE | |
| @OPTOMETRIST | 0 | 0 \$ | .00 | \$.00 | .000 | \$.00 | \$.00 | |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| EYE APPLIANCES | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| @CHIROPRACTOR | 0 | 0 \$ | .00 | \$.00 | .000 | \$.00 | \$.00 | |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| @PODIATRIST | 4 | 8 \$ | 49.65 | \$ 6.21 | .034 | \$ 12.41 | \$.21 | |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |
| OTHER | 4 | 8 | 49.65 | 6.21 | .034 | 12.41 | .21 | |
| @HOME HEALTH AGENCY | 0 | 0 \$ | .00 | \$.00 | .000 | \$.00 | \$.00 | |
| NURSE ANESTHESIST | 0 | 0 \$ | .00 | \$.00 | .000 | \$.00 | \$.00 | |
| NURSE MIDWIFE | 0 | 0 \$ | .00 | \$.00 | .000 | \$.00 | \$.00 | |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 \$ | .00 | \$.00 | .000 | \$.00 | \$.00 | |
| FAMILY NURSE PRACTITIONER | 0 | 0 \$ | .00 | \$.00 | .000 | \$.00 | \$.00 | |
| @TOTAL HOSPITAL | 175 | 857 \$ | 122,674.03 | \$ 143.14 | 3.616 | \$ 700.99 | \$ 517.61 | |
| HOSP INPATIENT TOTAL | 149 | 582 | 118,411.90 | 203.46 | 2.456 | 794.71 | 499.63 | |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | |

| | | | | | | | |
|-----------------------------|-----|-----|------------|----------|-------|----------|--------|
| NON-HSC HOSPITAL TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 149 | 582 | 118,411.90 | 203.46 | 2.456 | 794.71 | 499.63 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 28 | 275 | 4,262.13 | 15.50 | 1.160 | 152.22 | 17.98 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 28 | 275 | 4,262.13 | 15.50 | 1.160 | 152.22 | 17.98 |
| @COUNTY HOSPITAL TOTAL | 2 | 2 | \$ 78.22 | \$ 39.11 | .008 | \$ 39.11 | \$.33 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 2 | 2 | 78.22 | 39.11 | .008 | 39.11 | .33 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 2 | 2 | 78.22 | 39.11 | .008 | 39.11 | .33 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,391
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR QMB - ONLY AID CODE 80

| 237 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | | |
|----------------------------|-------|-------------------------------------|---------------|------------------------------|------------------------|------------------|----------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 173 | 855 | \$ 122,595.81 | \$ 143.39 | 3.608 | \$ 708.65 | \$ 517.28 |
| COMM HOSP INPATIENT TOTAL | 149 | 582 | 118,411.90 | 203.46 | 2.456 | 794.71 | 499.63 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 149 | 582 | 118,411.90 | 203.46 | 2.456 | 794.71 | 499.63 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 26 | 273 | 4,183.91 | 15.33 | 1.152 | 160.92 | 17.65 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 26 | 273 | 4,183.91 | 15.33 | 1.152 | 160.92 | 17.65 |
| @STATE HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | | | | |
|------------------------------|---|---|----|----------|----|--------|------|----|--------|----|-------|
| @NURSING FACILITY | 2 | 0 | \$ | 1,049.99 | \$ | .00 | .000 | \$ | 525.00 | \$ | 4.43 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REGULAR | 2 | 0 | | 1,049.99 | | .00 | .000 | | 525.00 | | 4.43 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| ICF DDH | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HEMODIALYSIS TOTAL | 6 | 6 | \$ | 2,584.07 | \$ | 430.68 | .025 | \$ | 430.68 | \$ | 10.90 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 6 | 6 | | 2,584.07 | | 430.68 | .025 | | 430.68 | | 10.90 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @LABORATORY FACILITY | 3 | 3 | \$ | 112.92 | \$ | 37.64 | .013 | \$ | 37.64 | \$ | .48 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| XO AND OTHERS | 3 | 3 | | 112.92 | | 37.64 | .013 | | 37.64 | | .48 |
| @ORGANIZED OUTPATIENT CLINIC | 1 | 4 | \$ | 35.15 | \$ | 8.79 | .017 | \$ | 35.15 | \$ | .15 |
| CLINIC | 1 | 4 | | 35.15 | | 8.79 | .017 | | 35.15 | | .15 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | | | | | | | | | | | |
| MOP024 | | | | | | | | | | | |
| SANTA BARBARA COUN | | | | | | | | | | | |

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR QMB - ONLY

PAGE 13,392
 01/29/04

AID CODE 80

| 237 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|--|------------------|----------------------|
| @ALL OTHER PROVIDERS | 65 | 12,081 | \$ 5,758.81 | \$.48 | 50.975 | \$ 88.60 | \$ 24.30 |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 65 | 12,081 | 5,758.81 | .48 | 50.975 | 88.60 | 24.30 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |

@XOVER EXCLUDING STATE HOSP** 286 12,570 \$ 135,327.75 \$ 10.77 53.038 \$ 473.17 \$ 571.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

PAGE 13,393

MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

SANTA BARBARA COUN SUMMARY OF SERVICES FOR 133% PROGRAM

AID CODES 72 74 8N 8P

| | | | | | | | ----- MONTHLY AVERAGE ----- | | |
|----------------------------|-------|-------------------------------------|---------------|------------------------------|------------------------|------------------|-----------------------------|--|--|
| 1,580 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE | | |
| @TOTAL, ALL PROVIDERS | 1,098 | 4,187 | \$ 187,572.14 | \$ 44.80 | 2.650 | \$ 170.83 | \$ 118.72 | | |
| @PHYSICIANS SERVICES | 31 | 44 | \$ 1,950.31 | \$ 44.33 | .028 | \$ 62.91 | \$ 1.23 | | |
| OUTPATIENT VISITS | 24 | 27 | 1,306.74 | 48.40 | .017 | 54.45 | .83 | | |
| OFFICE VISITS | 2 | 2 | 88.59 | 44.30 | .001 | 44.30 | .06 | | |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| EMERGENCY ROOM | 21 | 24 | 1,168.22 | 48.68 | .015 | 55.63 | .74 | | |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| OTHER OUTPATIENT | 1 | 1 | 49.93 | 49.93 | .001 | 49.93 | .03 | | |
| INPATIENT VISITS | 1 | 3 | 139.86 | 46.62 | .002 | 139.86 | .09 | | |
| HOSPITAL VISITS | 1 | 3 | 139.86 | 46.62 | .002 | 139.86 | .09 | | |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| OUTPATIENT SURGERY | 3 | 3 | 268.56 | 89.52 | .002 | 89.52 | .17 | | |
| PRINCIPAL SURGEON | 3 | 3 | 268.56 | 89.52 | .002 | 89.52 | .17 | | |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| RADIOLOGY | 8 | 10 | 176.89 | 17.69 | .006 | 22.11 | .11 | | |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| OTHER SERVICES/ALL X-OVERS | 1 | 1 | 58.26 | 58.26 | .001 | 58.26 | .04 | | |
| @PHARMACY | 23 | 34 | \$ 521.16 | \$ 15.33 | .022 | \$ 22.66 | \$.33 | | |
| PRESCRIPTION DRUGS | 23 | 34 | 392.62 | 11.55 | .022 | 17.07 | .25 | | |
| SNF/ICF | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| OUTPATIENTS | 23 | 34 | 392.62 | 11.55 | .022 | 17.07 | .25 | | |
| MEDICAL SUPPLIES | 0 | 0 | 128.54 | .00 | .000 | .00 | .08 | | |
| @DENTIST | 589 | 3,269 | \$ 95,309.76 | \$ 29.16 | 2.069 | \$ 161.82 | \$ 60.32 | | |
| VISITS - DIAGNOSTIC | 414 | 1,760 | 23,678.00 | 13.45 | 1.114 | 57.19 | 14.99 | | |
| ORAL SURGERY | 58 | 128 | 4,790.00 | 37.42 | .081 | 82.59 | 3.03 | | |
| DRUGS | 151 | 211 | 4,858.35 | 23.03 | .134 | 32.17 | 3.07 | | |
| ANESTHESIA | 6 | 6 | 375.00 | 62.50 | .004 | 62.50 | .24 | | |
| PERIODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| ENDODONTICS | 93 | 217 | 13,246.50 | 61.04 | .137 | 142.44 | 8.38 | | |
| RESTORATIVE DENTISTRY | 268 | 890 | 46,407.80 | 52.14 | .563 | 173.16 | 29.37 | | |
| PROSTHETICS | 1 | 1 | .00 | .00 | .001 | .00 | .00 | | |
| DENTURES, STAYPLATES | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| SPACE MAINTAINERS | 7 | 13 | 1,800.00 | 138.46 | .008 | 257.14 | 1.14 | | |
| MAXILLOFACIAL SERVICES | 1 | 1 | 154.11 | 154.11 | .001 | 154.11 | .10 | | |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| ORTHODONTIC SERVICES | 2 | 2 | .00 | .00 | .001 | .00 | .00 | | |
| ALL OTHER SERVICES | 15 | 40 | .00 | .00 | .025 | .00 | .00 | | |

#CALIF DEPT OF HEALTH SERV
MOP024
SANTA BARBARA COUN

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 133% PROGRAM

PAGE 13,394
01/29/04

| | | | | | | ----- MONTHLY AVERAGE ----- | | | |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|-----------------------------|--|----------------------|--|
| 1,580 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | | COST PER ELIGIBLE | |
| @OPTOMETRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | | \$.00 | |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | .00 | .00 | .000 | .00 | | .00 | |
| EYE APPLIANCES | 0 | 0 | .00 | .00 | .000 | .00 | | .00 | |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | | .00 | |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | | \$.00 | |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | | .00 | |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | | .00 | |
| @PODIATRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | | \$.00 | |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | | .00 | |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | | .00 | |

| | | | | | | | | |
|------------------------------|----|----|----|-----------|-----|---------|-----|---------|
| RADIO./PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$ | .00 | \$ | .000 | \$ | .00 |
| NURSE ANESTHESIST | 0 | 0 | \$ | .00 | \$ | .000 | \$ | .00 |
| NURSE MIDWIFE | 0 | 0 | \$ | .00 | \$ | .000 | \$ | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .000 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .000 | \$ | .00 |
| @TOTAL HOSPITAL | 22 | 49 | \$ | 11,013.28 | \$ | 224.76 | \$ | 500.60 |
| HOSP INPATIENT TOTAL | 4 | 7 | | 10,009.81 | | 1429.97 | | 2502.45 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | | .00 |
| NON-HSC HOSPITAL TOTAL | 4 | 7 | | 10,009.81 | | 1429.97 | | 2502.45 |
| ACCOMMODATIONS | 4 | 7 | | 2,783.13 | | 397.59 | | 695.78 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | | .00 |
| ALL OTHER ACCOM | 4 | 7 | | 2,783.13 | | 397.59 | | 695.78 |
| ANCILLARIES | 4 | 0 | | 7,226.68 | | .00 | | 1806.67 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | | .00 |
| HOSP OUTPATIENT TOTAL | 18 | 42 | | 1,003.47 | | 23.89 | | 55.75 |
| MEDICAL | 3 | 5 | | 60.13 | | 12.03 | | 20.04 |
| SURGERY | 3 | 3 | | 45.24 | | 15.08 | | 15.08 |
| PATHOLOGY | 3 | 4 | | 45.35 | | 11.34 | | 15.12 |
| RADIOLOGY | 7 | 8 | | 172.80 | | 21.60 | | 24.69 |
| ROOM USE | 14 | 15 | | 587.22 | | 39.15 | | 41.94 |
| CROSSOVERS/ALL OTH OUTPTNT | 7 | 7 | | 92.73 | | 13.25 | | 13.25 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | \$ | .00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | | .00 | | .00 | | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | | .00 | | .00 | | .00 |
| MEDICAL | 0 | 0 | | .00 | | .00 | | .00 |
| SURGERY | 0 | 0 | | .00 | | .00 | | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | | .00 |
| RADIOLOGY | 0 | 0 | | .00 | | .00 | | .00 |
| ROOM USE | 0 | 0 | | .00 | | .00 | | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | | .00 | | .00 | | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,395
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR 133% PROGRAM AID CODES 72 74 8N 8P

| | 1,580 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|---------------------------|-----------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @COMMUNITY HOSPITAL TOTAL | 22 | 49 | \$ | 11,013.28 | \$ 224.76 | .031 | \$ 500.60 | \$ 6.97 |
| COMM HOSP INPATIENT TOTAL | 4 | 7 | | 10,009.81 | 1429.97 | .004 | 2502.45 | 6.34 |
| HSC HOSPITALS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 4 | 7 | | 10,009.81 | 1429.97 | .004 | 2502.45 | 6.34 |
| ACCOMMODATIONS | 4 | 7 | | 2,783.13 | 397.59 | .004 | 695.78 | 1.76 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 4 | 7 | | 2,783.13 | 397.59 | .004 | 695.78 | 1.76 |
| ANCILLARIES | 4 | 0 | | 7,226.68 | .00 | .000 | 1806.67 | 4.57 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | |
|------------------------------|-----|-----|----|-----------|-----------|------|-----------|----------|
| COMM HOSP OUTPATIENT TOTAL | 18 | 42 | | 1,003.47 | 23.89 | .027 | 55.75 | .64 |
| MEDICAL | 3 | 5 | | 60.13 | 12.03 | .003 | 20.04 | .04 |
| SURGERY | 3 | 3 | | 45.24 | 15.08 | .002 | 15.08 | .03 |
| PATHOLOGY | 3 | 4 | | 45.35 | 11.34 | .003 | 15.12 | .03 |
| RADIOLOGY | 7 | 8 | | 172.80 | 21.60 | .005 | 24.69 | .11 |
| ROOM USE | 14 | 15 | | 587.22 | 39.15 | .009 | 41.94 | .37 |
| CROSSOVERS/ALL OTH OUTPTNT | 7 | 7 | | 92.73 | 13.25 | .004 | 13.25 | .06 |
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 2 | 2 | \$ | 26.76 | \$ 13.38 | .001 | \$ 13.38 | \$.02 |
| PATHOLOGY | 2 | 2 | | 26.76 | 13.38 | .001 | 13.38 | .02 |
| XO AND OTHERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 374 | 482 | \$ | 75,424.67 | \$ 156.48 | .305 | \$ 201.67 | \$ 47.74 |
| CLINIC | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SURGICENTER | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 374 | 482 | | 75,424.67 | 156.48 | .305 | 201.67 | 47.74 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,396
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR 133% PROGRAM AID CODES 72 74 8N 8P

| 1,580 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @ALL OTHER PROVIDERS | 69 | 307 | \$ 3,326.20 | \$ 10.83 | .194 | \$ 48.21 | \$ 2.11 |
| DURABLE MED. EQUIP. | 1 | 2 | 104.03 | 52.02 | .001 | 104.03 | .07 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|-------------------------------|----|-----|-------------|------------|------|------------|---------|
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 68 | 305 | 3,222.17 | 10.56 | .193 | 47.38 | 2.04 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 4 | 5 | \$ 5,518.97 | \$ 1103.79 | .003 | \$ 1379.74 | \$ 3.49 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| | | | |
|----------------------------|--------------------------------------|--|-------------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES | MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | PAGE 13,397 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | 01/29/04 |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR 100% PROGRAM | AID CODES 7A 7C 8R 8T | |

| 1,140 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | ----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|-------|-------------------------------------|---------------|------------------------------|---|------------------|----------------------|
| @TOTAL, ALL PROVIDERS | 962 | 4,010 | \$ 126,187.32 | \$ 31.47 | 3.518 | \$ 131.17 | \$ 110.69 |
| @PHYSICIANS SERVICES | 25 | 96 | \$ 1,962.48 | \$ 20.44 | .084 | \$ 78.50 | \$ 1.72 |
| OUTPATIENT VISITS | 18 | 46 | 1,034.85 | 22.50 | .040 | 57.49 | .91 |
| OFFICE VISITS | 3 | 5 | 236.44 | 47.29 | .004 | 78.81 | .21 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 9 | 9 | 424.44 | 47.16 | .008 | 47.16 | .37 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 6 | 32 | 373.97 | 11.69 | .028 | 62.33 | .33 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 1 | 1 | 53.79 | 53.79 | .001 | 53.79 | .05 |
| HOSPITAL VISITS | 1 | 1 | 53.79 | 53.79 | .001 | 53.79 | .05 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 1 | 32 | 457.24 | 14.29 | .028 | 457.24 | .40 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 1 | 32 | 457.24 | 14.29 | .028 | 457.24 | .40 |
| OUTPATIENT SURGERY | 2 | 3 | 68.40 | 22.80 | .003 | 34.20 | .06 |
| PRINCIPAL SURGEON | 2 | 3 | 68.40 | 22.80 | .003 | 34.20 | .06 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 4 | 6 | 27.79 | 4.63 | .005 | 6.95 | .02 |
| RADIOLOGY | 3 | 5 | 247.33 | 49.47 | .004 | 82.44 | .22 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 1 | 3 | 73.08 | 24.36 | .003 | 73.08 | .06 |
| @PHARMACY | 16 | 23 | \$ 1,216.82 | \$ 52.91 | .020 | \$ 76.05 | \$ 1.07 |
| PRESCRIPTION DRUGS | 15 | 22 | 1,090.33 | 49.56 | .019 | 72.69 | .96 |
| SNF/ICF | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 15 | 22 | 1,090.33 | 49.56 | .019 | 72.69 | .96 |
| MEDICAL SUPPLIES | 1 | 1 | 126.49 | 126.49 | .001 | 126.49 | .11 |
| @DENTIST | 572 | 2,954 | \$ 78,385.05 | \$ 26.54 | 2.591 | \$ 137.04 | \$ 68.76 |
| VISITS - DIAGNOSTIC | 387 | 1,977 | 27,362.85 | 13.84 | 1.734 | 70.71 | 24.00 |
| ORAL SURGERY | 83 | 136 | 6,701.00 | 49.27 | .119 | 80.73 | 5.88 |
| DRUGS | 55 | 69 | 1,480.00 | 21.45 | .061 | 26.91 | 1.30 |
| ANESTHESIA | 4 | 4 | 400.00 | 100.00 | .004 | 100.00 | .35 |

| | | | | | | | |
|------------------------------|---|-------------------------------------|--------------|------------------------------|-----------------------------|------------------|----------------------|
| PERIODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ENDODONTICS | 46 | 61 | 5,698.00 | 93.41 | .054 | 123.87 | 5.00 |
| RESTORATIVE DENTISTRY | 219 | 574 | 25,642.20 | 44.67 | .504 | 117.09 | 22.49 |
| PROSTHETICS | 1 | 1 | .00 | .00 | .001 | .00 | .00 |
| DENTURES, STAYPLATES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS | 9 | 9 | 1,040.00 | 115.56 | .008 | 115.56 | .91 |
| MAXILLOFACIAL SERVICES | 8 | 8 | 400.00 | 50.00 | .007 | 50.00 | .35 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 62 | 84 | 9,586.00 | 114.12 | .074 | 154.61 | 8.41 |
| ALL OTHER SERVICES | 13 | 31 | 75.00 | 2.42 | .027 | 5.77 | .07 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | | | | | | PAGE 13,398 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | 01/29/04 |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR 100% PROGRAM | | | | | | |
| | | | | AID CODES 7A 7C 8R 8T | | | |
| | | | | | ----- MONTHLY AVERAGE ----- | | |
| 1,140 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @OPTOMETRIST | 3 | 9 \$ | 228.05 | \$ 25.34 | .008 | \$ 76.02 | \$.20 |
| DIAGNOSTIC AND ANC. PROCED | 3 | 3 | 142.35 | 47.45 | .003 | 47.45 | .12 |
| EYE APPLIANCES | 2 | 6 | 85.70 | 14.28 | .005 | 42.85 | .08 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 0 | 0 \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HOME HEALTH AGENCY | 2 | 2 \$ | 104.99 | \$ 52.50 | .002 | \$ 52.50 | \$.09 |
| NURSE ANESTHESIST | 0 | 0 \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE MIDWIFE | 0 | 0 \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| @TOTAL HOSPITAL | 14 | 37 \$ | 4,225.94 | \$ 114.21 | .032 | \$ 301.85 | \$ 3.71 |
| HOSP INPATIENT TOTAL | 2 | 3 | 3,417.20 | 1139.07 | .003 | 1708.60 | 3.00 |
| HSC HOSPITALS | 1 | 1 | 1,350.00 | 1350.00 | .001 | 1350.00 | 1.18 |
| NON-HSC HOSPITAL TOTAL | 1 | 2 | 2,067.20 | 1033.60 | .002 | 2067.20 | 1.81 |
| ACCOMMODATIONS | 1 | 2 | 589.22 | 294.61 | .002 | 589.22 | .52 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 1 | 2 | 589.22 | 294.61 | .002 | 589.22 | .52 |
| ANCILLARIES | 1 | 0 | 1,477.98 | .00 | .000 | 1477.98 | 1.30 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 12 | 34 | 808.74 | 23.79 | .030 | 67.40 | .71 |
| MEDICAL | 1 | 4 | 55.82 | 13.96 | .004 | 55.82 | .05 |
| SURGERY | 2 | 2 | 81.30 | 40.65 | .002 | 40.65 | .07 |
| PATHOLOGY | 3 | 10 | 122.05 | 12.21 | .009 | 40.68 | .11 |
| RADIOLOGY | 2 | 2 | 46.52 | 23.26 | .002 | 23.26 | .04 |
| ROOM USE | 9 | 10 | 433.93 | 43.39 | .009 | 48.21 | .38 |
| CROSSOVERS/ALL OTH OUTPTNT | 6 | 6 | 69.12 | 11.52 | .005 | 11.52 | .06 |
| @COUNTY HOSPITAL TOTAL | 1 | 1 \$ | 1,350.00 | \$ 1350.00 | .001 | \$ 1350.00 | \$ 1.18 |
| CO HOSPITAL INPATIENT TOTAL | 1 | 1 | 1,350.00 | 1350.00 | .001 | 1350.00 | 1.18 |
| HSC HOSPITALS | 1 | 1 | 1,350.00 | 1350.00 | .001 | 1350.00 | 1.18 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|----------------------------|---|---|-----|-----|------|-----|-----|
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,399
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 SANTA BARBARA COUN SUMMARY OF SERVICES FOR 100% PROGRAM AID CODES 7A 7C 8R 8T

| | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|---------------------------|-------|-------------------------------------|--------------|------------------------------|-----------------------------|------------------|----------------------|
| 1,140 ELIGIBLES | | | | | ----- MONTHLY AVERAGE ----- | | |
| @COMMUNITY HOSPITAL TOTAL | 13 | 36 \$ | 2,875.94 | \$ 79.89 | .032 | \$ 221.23 | \$ 2.52 |

| | | | | | | | | |
|------------------------------|-----|-----|----|-----------|---------|------|---------|-------|
| COMM HOSP INPATIENT TOTAL | 1 | 2 | | 2,067.20 | 1033.60 | .002 | 2067.20 | 1.81 |
| HSC HOSPITALS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 1 | 2 | | 2,067.20 | 1033.60 | .002 | 2067.20 | 1.81 |
| ACCOMMODATIONS | 1 | 2 | | 589.22 | 294.61 | .002 | 589.22 | .52 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 1 | 2 | | 589.22 | 294.61 | .002 | 589.22 | .52 |
| ANCILLARIES | 1 | 0 | | 1,477.98 | .00 | .000 | 1477.98 | 1.30 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 12 | 34 | | 808.74 | 23.79 | .030 | 67.40 | .71 |
| MEDICAL | 1 | 4 | | 55.82 | 13.96 | .004 | 55.82 | .05 |
| SURGERY | 2 | 2 | | 81.30 | 40.65 | .002 | 40.65 | .07 |
| PATHOLOGY | 3 | 10 | | 122.05 | 12.21 | .009 | 40.68 | .11 |
| RADIOLOGY | 2 | 2 | | 46.52 | 23.26 | .002 | 23.26 | .04 |
| ROOM USE | 9 | 10 | | 433.93 | 43.39 | .009 | 48.21 | .38 |
| CROSSOVERS/ALL OTH OUTPTNT | 6 | 6 | | 69.12 | 11.52 | .005 | 11.52 | .06 |
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | .00 | .000 | .00 | .00 |
| MENTALLY ILL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 | \$ | .00 | .00 | .000 | .00 | .00 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$ | .00 | .00 | .000 | .00 | .00 |
| ICF DDH | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 3 | 8 | \$ | 72.78 | 9.10 | .007 | 24.26 | .06 |
| PATHOLOGY | 3 | 8 | | 72.78 | 9.10 | .007 | 24.26 | .06 |
| XO AND OTHERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 172 | 221 | \$ | 32,344.36 | 146.35 | .194 | 188.05 | 28.37 |
| CLINIC | 3 | 7 | | 578.37 | 82.62 | .006 | 192.79 | .51 |
| SURGICENTER | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 169 | 214 | | 31,765.99 | 148.44 | .188 | 187.96 | 27.86 |

#CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR 100% PROGRAM

PAGE 13,400
01/29/04

| | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| 1,140 ELIGIBLES | | | | | | | |
| @ALL OTHER PROVIDERS | 180 | 660 | \$ 7,646.85 | \$ 11.59 | .579 | \$ 42.48 | \$ 6.71 |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 2 | 2 | 121.75 | 60.88 | .002 | 60.88 | .11 |
| AMBULANCES/AIR TRANS | 2 | 2 | 121.75 | 60.88 | .002 | 60.88 | .11 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|-------------------------------|-----|-----|-----------|----------|------|-----------|--------|
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 4 | 4 | 420.00 | 105.00 | .004 | 105.00 | .37 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 4 | 12 | 229.77 | 19.15 | .011 | 57.44 | .20 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 170 | 642 | 6,875.33 | 10.71 | .563 | 40.44 | 6.03 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 4 | 46 | \$ 864.94 | \$ 18.80 | .040 | \$ 216.24 | \$.76 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,401
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 SANTA BARBARA COUN SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE | | COST PER ELIGIBLE |
|----------------------------|-------|-------------------------------------|---------------|------------------------------|------------------------|------------------|----------------------|
| | | | | | UNITS/DAYS PER ELIG | COST PER USER | |
| @TOTAL, ALL PROVIDERS | 1,686 | 5,676 | \$ 541,332.39 | \$ 95.37 | .000 | \$ 321.07 | \$.00 |
| @PHYSICIANS SERVICES | 110 | 154 | \$ 14,764.35 | \$ 95.87 | .000 | \$ 134.22 | \$.00 |
| OUTPATIENT VISITS | 35 | 36 | 4,271.72 | 118.66 | .000 | 122.05 | .00 |
| OFFICE VISITS | 1 | 2 | 24.00 | 12.00 | .000 | 24.00 | .00 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 34 | 34 | 4,247.72 | 124.93 | .000 | 124.93 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 5 | 5 | 843.25 | 168.65 | .000 | 168.65 | .00 |
| PRINCIPAL SURGEON | 5 | 5 | 843.25 | 168.65 | .000 | 168.65 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 6 | 10 | 535.29 | 53.53 | .000 | 89.22 | .00 |
| PRINCIPAL SURGEON | 6 | 10 | 535.29 | 53.53 | .000 | 89.22 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 8 | 8 | 151.20 | 18.90 | .000 | 18.90 | .00 |
| RADIOLOGY | 88 | 95 | 8,962.89 | 94.35 | .000 | 101.85 | .00 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | | | | |
|-------------------------|----|-----|----|----------|----|-------|------|----|--------|----|-----|
| @PHARMACY | 89 | 118 | \$ | 3,244.03 | \$ | 27.49 | .000 | \$ | 36.45 | \$ | .00 |
| PRESCRIPTION DRUGS | 75 | 88 | | 1,432.71 | | 16.28 | .000 | | 19.10 | | .00 |
| SNF/ICF | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OUTPATIENTS | 75 | 88 | | 1,432.71 | | 16.28 | .000 | | 19.10 | | .00 |
| MEDICAL SUPPLIES | 15 | 30 | | 1,811.32 | | 60.38 | .000 | | 120.75 | | .00 |
| @DENTIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| VISITS - DIAGNOSTIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ORAL SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DRUGS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANESTHESIA | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PERIODONTICS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ENDODONTICS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RESTORATIVE DENTISTRY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PROSTHETICS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DENTURES, STAYPLATES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SPACE MAINTAINERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,402
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | ----- MONTHLY AVERAGE ----- | | COST PER USER | COST PER ELIGIBLE |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|-----------------------------|----|------------------|----------------------|
| | | | | | UNITS/DAYS PER ELIG | | | |
| @OPTOMETRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$ | .00 | \$.00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| EYE APPLIANCES | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$.00 | .000 | \$ | .00 | \$.00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| @PODIATRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$ | .00 | \$.00 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| OTHER | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$.00 | \$.00 | .000 | \$ | .00 | \$.00 |
| NURSE ANESTHESIST | 0 | 0 | .00 | .00 | .000 | \$ | .00 | \$.00 |
| NURSE MIDWIFE | 0 | 0 | .00 | .00 | .000 | \$ | .00 | \$.00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | .00 | .00 | .000 | \$ | .00 | \$.00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | .00 | .00 | .000 | \$ | .00 | \$.00 |
| @TOTAL HOSPITAL | 10 | 14 | \$ 224.15 | \$ 16.01 | .000 | \$ | 22.42 | \$.00 |
| HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 10 | 14 | 224.15 | 16.01 | .000 | | 22.42 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| PATHOLOGY | 8 | 10 | 95.36 | 9.54 | .000 | | 11.92 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ROOM USE | 3 | 4 | 128.79 | 32.20 | .000 | | 42.93 | .00 |

| | | | | | | | |
|-----------------------------|---|---|--------|--------|------|--------|--------|
| CROSSEOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSEOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSEOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,403
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @COMMUNITY HOSPITAL TOTAL | 10 | 14 | \$ 224.15 | \$ 16.01 | .000 | \$ 22.42 | \$.00 |
| COMM HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSEOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 10 | 14 | 224.15 | 16.01 | .000 | 22.42 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 8 | 10 | 95.36 | 9.54 | .000 | 11.92 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 3 | 4 | 128.79 | 32.20 | .000 | 42.93 | .00 |
| CROSSEOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @STATE HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| 00 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
|------------------------------|---|------------------|---------------|--------------|------------|-----------|-------------|
| @REHABILITATION FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INDEPENDENT FACILITY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 1,041 | 2,625 | \$ 82,032.80 | \$ 31.25 | .000 | \$ 78.80 | \$.00 |
| PATHOLOGY | 1,041 | 2,625 | 82,032.80 | 31.25 | .000 | 78.80 | .00 |
| XO AND OTHERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 1,137 | 2,661 | \$ 430,195.06 | \$ 161.67 | .000 | \$ 378.36 | \$.00 |
| CLINIC | 160 | 757 | 25,493.88 | 33.68 | .000 | 159.34 | .00 |
| SURGICENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 978 | 1,904 | 404,701.18 | 212.55 | .000 | 413.80 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | | | | | | PAGE 13,404 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | 01/29/04 |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G | | | | | | |
| ----- MONTHLY AVERAGE ----- | | | | | | | |
| 00 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |

| | 103 | OR DAYS OF CARE 104 | \$ | 10,872.00 | PER UNIT/DAY \$ 104.54 | PER ELIG .000 | USER \$ 105.55 | ELIGIBLE \$ | .00 |
|-------------------------------|-----|------------------------|----|-----------|---------------------------|------------------|-------------------|----------------|-----|
| @ALL OTHER PROVIDERS | 103 | 104 | \$ | 10,872.00 | \$ 104.54 | .000 | \$ 105.55 | \$ | .00 |
| DURABLE MED. EQUIP. | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| BLOOD BANK | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| HEARING AID DISPENSERS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| OTHER TRANS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ACUPUNCTURE | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| GENETIC DISEASE TESTING | 103 | 104 | | 10,872.00 | 104.54 | .000 | 105.55 | | .00 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| OPTICIAN | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| PHYSICAL THERAPIST | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| PORTABLE X-RAY | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| PROSTHETICS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ORTHOTICS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| PSYCHOLOGIST | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| HOSPICE SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$ | .00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$ | .00 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,405
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 SANTA BARBARA COUN SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|--|------------------|----------------------|
| @TOTAL, ALL PROVIDERS | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @PHYSICIANS SERVICES | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| OUTPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OFFICE VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|----------------------------|---|---|--------|--------|------|--------|--------|
| OUTPATIENT SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PHARMACY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| PRESCRIPTION DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL SUPPLIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @DENTIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS - DIAGNOSTIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PERIODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ENDODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESTORATIVE DENTISTRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,406
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | ----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|---|
| @OPTOMETRIST | 0 | 0 | \$.00 | \$.00 | .000 \$.00 \$.00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | .00 | .00 | .000 .00 .00 |
| EYE APPLIANCES | 0 | 0 | .00 | .00 | .000 .00 .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 .00 .00 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$.00 | .000 \$.00 \$.00 |
| VISITS | 0 | 0 | .00 | .00 | .000 .00 .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 .00 .00 |
| @PODIATRIST | 0 | 0 | \$.00 | \$.00 | .000 \$.00 \$.00 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 .00 .00 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 .00 .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 .00 .00 |
| OTHER | 0 | 0 | .00 | .00 | .000 .00 .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$.00 | \$.00 | .000 \$.00 \$.00 |
| NURSE ANESTHESIST | 0 | 0 | \$.00 | \$.00 | .000 \$.00 \$.00 |
| NURSE MIDWIFE | 0 | 0 | \$.00 | \$.00 | .000 \$.00 \$.00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 \$.00 \$.00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 \$.00 \$.00 |
| @TOTAL HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 \$.00 \$.00 |
| HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 .00 .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 .00 .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | .00 | .00 | .000 .00 .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 .00 .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 .00 .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 .00 .00 |

| | | | | | | | |
|-----------------------------|---|---|--------|--------|------|--------|--------|
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
MOP024 FEE-FOR-SERVICE/DENTAL
SANTA BARBARA COUN SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

PAGE 13,407
01/29/04

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | | |
|-----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| COMM HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @STATE HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | |
|------------------------------|---|---|----|-----|-----|------|-----|-----|
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$ | .00 | \$ | .000 | \$ | .00 |
| ICF DDH | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | \$ | .000 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$ | .000 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 0 | 0 | \$ | .00 | \$ | .000 | \$ | .00 |
| PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| XO AND OTHERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 0 | 0 | \$ | .00 | \$ | .000 | \$ | .00 |
| CLINIC | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SURGICENTER | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MOP024
 SANTA BARBARA COUN

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

PAGE 13,408
 01/29/04

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|-------------------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @ALL OTHER PROVIDERS | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV
MOP024
SANTA BARBARA COUN

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

PAGE 13,409
01/29/04

| | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|-----------------------|-------|-------------------------------------|---------------|------------------------------|--|------------------|----------------------|
| 4,181 ELIGIBLES | | | | | | | |
| @TOTAL, ALL PROVIDERS | 1,116 | 4,701 | \$ 493,846.85 | \$ 105.05 | 1.124 | \$ 442.52 | \$ 118.12 |
| @PHYSICIANS SERVICES | 444 | 1,354 | \$ 103,395.91 | \$ 76.36 | .324 | \$ 232.87 | \$ 24.73 |
| OUTPATIENT VISITS | 178 | 508 | 19,658.44 | 38.70 | .122 | 110.44 | 4.70 |
| OFFICE VISITS | 30 | 35 | 1,534.20 | 43.83 | .008 | 51.14 | .37 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 26 | 29 | 1,808.13 | 62.35 | .007 | 69.54 | .43 |
| PREVENTIVE CARE | 1 | 1 | 68.73 | 68.73 | .000 | 68.73 | .02 |
| OB VISITS/COMPRE PERI | 128 | 443 | 16,247.38 | 36.68 | .106 | 126.93 | 3.89 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 42 | 99 | 5,671.36 | 57.29 | .024 | 135.03 | 1.36 |

| | | | | | | | | | |
|----------------------------|---|-----|----|-----------|----|--------|------|--------|-------------|
| HOSPITAL VISITS | 37 | 82 | | 3,715.90 | | 45.32 | .020 | 100.43 | .89 |
| CRITICAL CARE | 5 | 17 | | 1,955.46 | | 115.03 | .004 | 391.09 | .47 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 87 | 184 | | 51,253.86 | | 278.55 | .044 | 589.12 | 12.26 |
| PRINCIPAL SURGEON | 58 | 58 | | 45,590.73 | | 786.05 | .014 | 786.05 | 10.90 |
| ASSISTANT SURGEON | 4 | 4 | | 746.00 | | 186.50 | .001 | 186.50 | .18 |
| ANESTHESIOLOGIST | 34 | 122 | | 4,917.13 | | 40.30 | .029 | 144.62 | 1.18 |
| OUTPATIENT SURGERY | 62 | 108 | | 9,548.95 | | 88.42 | .026 | 154.02 | 2.28 |
| PRINCIPAL SURGEON | 53 | 73 | | 8,428.32 | | 115.46 | .017 | 159.02 | 2.02 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 27 | 35 | | 1,120.63 | | 32.02 | .008 | 41.50 | .27 |
| DIALYSIS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| PATHOLOGY | 108 | 188 | | 2,985.28 | | 15.88 | .045 | 27.64 | .71 |
| RADIOLOGY | 151 | 165 | | 12,243.94 | | 74.21 | .039 | 81.09 | 2.93 |
| PSYCHIATRY | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 24 | 49 | | 812.16 | | 16.57 | .012 | 33.84 | .19 |
| OTHER SERVICES/ALL X-OVERS | 23 | 53 | | 1,221.92 | | 23.06 | .013 | 53.13 | .29 |
| @PHARMACY | 177 | 296 | \$ | 6,897.53 | \$ | 23.30 | .071 | 38.97 | 1.65 |
| PRESCRIPTION DRUGS | 176 | 287 | | 6,402.00 | | 22.31 | .069 | 36.38 | 1.53 |
| SNF/ICF | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 176 | 287 | | 6,402.00 | | 22.31 | .069 | 36.38 | 1.53 |
| MEDICAL SUPPLIES | 3 | 9 | | 495.53 | | 55.06 | .002 | 165.18 | .12 |
| @DENTIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | .00 | .00 |
| VISITS - DIAGNOSTIC | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ORAL SURGERY | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| DRUGS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| PERIODONTICS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ENDODONTICS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| RESTORATIVE DENTISTRY | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | | | | | | | | PAGE 13,410 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | | 01/29/04 |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N | | | | | | | | |

| | 4,181 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|-----------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @OPTOMETRIST | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| EYE APPLIANCES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| MEDICINE/INJECTIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @HOME HEALTH AGENCY | 32 | 37 | \$ | 2,009.41 | \$ 54.31 | .009 | \$ 62.79 | \$.48 |
| NURSE ANESTHESIST | 1 | 2 | \$ | 40.88 | \$ 20.44 | .000 | \$ 40.88 | \$.01 |

| | | | | | | | | | | | |
|------------------------------|-----|-----|----|------------|----|--------|------|----|---------|----|-------|
| NURSE MIDWIFE | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| @TOTAL HOSPITAL | 153 | 720 | \$ | 253,563.28 | \$ | 352.17 | .172 | \$ | 1657.28 | \$ | 60.65 |
| HOSP INPATIENT TOTAL | 59 | 245 | | 242,977.62 | | 991.75 | .059 | | 4118.26 | | 58.11 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITAL TOTAL | 59 | 245 | | 242,977.62 | | 991.75 | .059 | | 4118.26 | | 58.11 |
| ACCOMMODATIONS | 59 | 245 | | 79,701.18 | | 325.31 | .059 | | 1350.87 | | 19.06 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 59 | 245 | | 79,701.18 | | 325.31 | .059 | | 1350.87 | | 19.06 |
| ANCILLARIES | 59 | 0 | | 163,276.44 | | .00 | .000 | | 2767.40 | | 39.05 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HOSP OUTPATIENT TOTAL | 101 | 475 | | 10,585.66 | | 22.29 | .114 | | 104.81 | | 2.53 |
| MEDICAL | 6 | 6 | | 74.57 | | 12.43 | .001 | | 12.43 | | .02 |
| SURGERY | 10 | 10 | | 647.31 | | 64.73 | .002 | | 64.73 | | .15 |
| PATHOLOGY | 60 | 217 | | 1,969.03 | | 9.07 | .052 | | 32.82 | | .47 |
| RADIOLOGY | 16 | 20 | | 1,172.54 | | 58.63 | .005 | | 73.28 | | .28 |
| ROOM USE | 61 | 107 | | 5,095.19 | | 47.62 | .026 | | 83.53 | | 1.22 |
| CROSSOVERS/ALL OTH OUTPTNT | 38 | 115 | | 1,627.02 | | 14.15 | .028 | | 42.82 | | .39 |
| @COUNTY HOSPITAL TOTAL | 4 | 10 | \$ | 326.90 | \$ | 32.69 | .002 | \$ | 81.73 | \$ | .08 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CO HOSP OUTPATIENT TOTAL | 4 | 10 | | 326.90 | | 32.69 | .002 | | 81.73 | | .08 |
| MEDICAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 2 | 6 | | 44.58 | | 7.43 | .001 | | 22.29 | | .01 |
| RADIOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ROOM USE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 3 | 4 | | 282.32 | | 70.58 | .001 | | 94.11 | | .07 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,411
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

| | 4,181 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|-----------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @COMMUNITY HOSPITAL TOTAL | 149 | 710 | \$ | 253,236.38 | \$ 356.67 | .170 | \$ 1699.57 | \$ 60.57 |
| COMM HOSP INPATIENT TOTAL | 59 | 245 | | 242,977.62 | 991.75 | .059 | 4118.26 | 58.11 |
| HSC HOSPITALS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 59 | 245 | | 242,977.62 | 991.75 | .059 | 4118.26 | 58.11 |
| ACCOMMODATIONS | 59 | 245 | | 79,701.18 | 325.31 | .059 | 1350.87 | 19.06 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 59 | 245 | | 79,701.18 | 325.31 | .059 | 1350.87 | 19.06 |
| ANCILLARIES | 59 | 0 | | 163,276.44 | .00 | .000 | 2767.40 | 39.05 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 97 | 465 | | 10,258.76 | 22.06 | .111 | 105.76 | 2.45 |
| MEDICAL | 6 | 6 | | 74.57 | 12.43 | .001 | 12.43 | .02 |
| SURGERY | 10 | 10 | | 647.31 | 64.73 | .002 | 64.73 | .15 |
| PATHOLOGY | 58 | 211 | | 1,924.45 | 9.12 | .050 | 33.18 | .46 |

| | | | | | | | | |
|------------------------------|-----|-------|----|-----------|--------|------|--------|-------|
| RADIOLOGY | 16 | 20 | | 1,172.54 | 58.63 | .005 | 73.28 | .28 |
| ROOM USE | 61 | 107 | | 5,095.19 | 47.62 | .026 | 83.53 | 1.22 |
| CROSSOVERS/ALL OTH OUTPTNT | 35 | 111 | | 1,344.70 | 12.11 | .027 | 38.42 | .32 |
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | .00 | .000 | .00 | .00 |
| MENTALLY ILL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 | \$ | .00 | .00 | .000 | .00 | .00 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$ | .00 | .00 | .000 | .00 | .00 |
| ICF DDH | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 377 | 999 | \$ | 24,679.34 | 24.70 | .239 | 65.46 | 5.90 |
| PATHOLOGY | 376 | 998 | | 24,632.14 | 24.68 | .239 | 65.51 | 5.89 |
| XO AND OTHERS | 1 | 1 | | 47.20 | 47.20 | .000 | 47.20 | .01 |
| @ORGANIZED OUTPATIENT CLINIC | 341 | 1,228 | \$ | 97,068.35 | 79.05 | .294 | 284.66 | 23.22 |
| CLINIC | 243 | 982 | | 49,098.83 | 50.00 | .235 | 202.05 | 11.74 |
| SURGICENTER | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 98 | 246 | | 47,969.52 | 195.00 | .059 | 489.48 | 11.47 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,412
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

| 4,181 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE | | |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| | | | | | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @ALL OTHER PROVIDERS | 57 | 65 | \$ 6,192.15 | \$ 95.26 | .016 | \$ 108.63 | \$ 1.48 |
| DURABLE MED. EQUIP. | 3 | 3 | 298.77 | 99.59 | .001 | 99.59 | .07 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 51 | 51 | 5,281.00 | 103.55 | .012 | 103.55 | 1.26 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 5 | 11 | 612.38 | 55.67 | .003 | 122.48 | .15 |
| PROSTHETICS | 1 | 6 | 180.00 | 30.00 | .001 | 180.00 | .04 |
| ORTHOTICS | 5 | 5 | 432.38 | 86.48 | .001 | 86.48 | .10 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|-------------------------------|---|---|--------|--------|------|--------|--------|
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| | | | |
|----------------------------|--|--|-------------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES | MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | PAGE 13,413 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | 01/29/04 |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES | AID CODE 38 | |

| 133 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|-------|-------------------------------------|---------------|------------------------------|------------------------|------------------|----------------------|
| @TOTAL, ALL PROVIDERS | 1,414 | 4,508 | \$ 238,014.93 | \$ 52.80 | 33.895 | \$ 168.33 | \$ 1789.59 |
| @PHYSICIANS SERVICES | 13 | 22 | \$ 684.16 | \$ 31.10 | .165 | \$ 52.63 | \$ 5.14 |
| OUTPATIENT VISITS | 8 | 11 | 506.05 | 46.00 | .083 | 63.26 | 3.80 |
| OFFICE VISITS | 4 | 5 | 204.85 | 40.97 | .038 | 51.21 | 1.54 |
| HOME VISITS | 1 | 1 | 53.00 | 53.00 | .008 | 53.00 | .40 |
| EMERGENCY ROOM | 5 | 5 | 248.20 | 49.64 | .038 | 49.64 | 1.87 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 1 | 2 | 83.57 | 41.79 | .015 | 83.57 | .63 |
| HOSPITAL VISITS | 1 | 2 | 83.57 | 41.79 | .015 | 83.57 | .63 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 1 | 1 | 30.51 | 30.51 | .008 | 30.51 | .23 |
| EXAMINATIONS | 1 | 1 | 30.51 | 30.51 | .008 | 30.51 | .23 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 1 | 2 | 6.56 | 3.28 | .015 | 6.56 | .05 |
| RADIOLOGY | 3 | 3 | 45.67 | 15.22 | .023 | 15.22 | .34 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 2 | 3 | 11.80 | 3.93 | .023 | 5.90 | .09 |
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PHARMACY | 45 | 142 | \$ 9,722.19 | \$ 68.47 | 1.068 | \$ 216.05 | \$ 73.10 |
| PRESCRIPTION DRUGS | 45 | 142 | 9,722.19 | 68.47 | 1.068 | 216.05 | 73.10 |
| SNF/ICF | 5 | 25 | 2,552.73 | 102.11 | .188 | 510.55 | 19.19 |
| OUTPATIENTS | 41 | 117 | 7,169.46 | 61.28 | .880 | 174.86 | 53.91 |
| MEDICAL SUPPLIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @DENTIST | 635 | 2,923 | \$ 97,211.25 | \$ 33.26 | 21.977 | \$ 153.09 | \$ 730.91 |
| VISITS - DIAGNOSTIC | 408 | 1,826 | 25,319.75 | 13.87 | 13.729 | 62.06 | 190.37 |
| ORAL SURGERY | 90 | 179 | 8,688.00 | 48.54 | 1.346 | 96.53 | 65.32 |
| DRUGS | 56 | 62 | 1,475.00 | 23.79 | .466 | 26.34 | 11.09 |
| ANESTHESIA | 11 | 11 | 700.00 | 63.64 | .083 | 63.64 | 5.26 |
| PERIODONTICS | 12 | 16 | 1,679.00 | 104.94 | .120 | 139.92 | 12.62 |
| ENDODONTICS | 66 | 99 | 15,577.50 | 157.35 | .744 | 236.02 | 117.12 |
| RESTORATIVE DENTISTRY | 231 | 634 | 37,015.00 | 58.38 | 4.767 | 160.24 | 278.31 |
| PROSTHETICS | 5 | 5 | 150.00 | 30.00 | .038 | 30.00 | 1.13 |

| | | | | | | | |
|-------------------------|----|----|----------|--------|------|--------|-------|
| DENTURES, STAYPLATES | 7 | 45 | 4,172.00 | 92.71 | .338 | 596.00 | 31.37 |
| SPACE MAINTAINERS | 3 | 4 | 560.00 | 140.00 | .030 | 186.67 | 4.21 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 22 | 24 | 1,800.00 | 75.00 | .180 | 81.82 | 13.53 |
| ALL OTHER SERVICES | 10 | 18 | 75.00 | 4.17 | .135 | 7.50 | .56 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,414
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES AID CODE 38

| 133 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @OPTOMETRIST | 7 | 22 | \$ 514.44 | \$ 23.38 | .165 | \$ 73.49 | \$ 3.87 |
| DIAGNOSTIC AND ANC. PROCED | 5 | 5 | 237.22 | 47.44 | .038 | 47.44 | 1.78 |
| EYE APPLIANCES | 7 | 17 | 277.22 | 16.31 | .128 | 39.60 | 2.08 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | | | | |
|------------------------------|----|----|----|-----------|----|--------|------|----|---------|----|-------|
| @CHIROPRACTOR | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| VISITS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @PODIATRIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| MEDICINE/INJECTIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY/ANES. | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIO./PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| NURSE ANESTHESIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| NURSE MIDWIFE | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| @TOTAL HOSPITAL | 12 | 46 | \$ | 11,124.96 | \$ | 241.85 | .346 | \$ | 927.08 | \$ | 83.65 |
| HOSP INPATIENT TOTAL | 2 | 11 | | 10,302.23 | | 936.57 | .083 | | 5151.12 | | 77.46 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITAL TOTAL | 2 | 11 | | 10,302.23 | | 936.57 | .083 | | 5151.12 | | 77.46 |
| ACCOMMODATIONS | 2 | 11 | | 3,178.77 | | 288.98 | .083 | | 1589.39 | | 23.90 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 2 | 11 | | 3,178.77 | | 288.98 | .083 | | 1589.39 | | 23.90 |
| ANCILLARIES | 2 | 0 | | 7,123.46 | | .00 | .000 | | 3561.73 | | 53.56 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HOSP OUTPATIENT TOTAL | 10 | 35 | | 822.73 | | 23.51 | .263 | | 82.27 | | 6.19 |
| MEDICAL | 4 | 6 | | 180.09 | | 30.02 | .045 | | 45.02 | | 1.35 |
| SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 4 | 15 | | 206.29 | | 13.75 | .113 | | 51.57 | | 1.55 |
| RADIOLOGY | 2 | 2 | | 47.55 | | 23.78 | .015 | | 23.78 | | .36 |
| ROOM USE | 6 | 7 | | 274.45 | | 39.21 | .053 | | 45.74 | | 2.06 |
| CROSSOVERS/ALL OTH OUTPTNT | 4 | 5 | | 114.35 | | 22.87 | .038 | | 28.59 | | .86 |
| @COUNTY HOSPITAL TOTAL | 2 | 4 | \$ | 150.43 | \$ | 37.61 | .030 | \$ | 75.22 | \$ | 1.13 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CO HOSP OUTPATIENT TOTAL | 2 | 4 | | 150.43 | | 37.61 | .030 | | 75.22 | | 1.13 |
| MEDICAL | 1 | 3 | | 114.08 | | 38.03 | .023 | | 114.08 | | .86 |
| SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ROOM USE | 1 | 1 | | 36.35 | | 36.35 | .008 | | 36.35 | | .27 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,415
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES AID CODE 38

| | 133 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|---------------------------|---------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @COMMUNITY HOSPITAL TOTAL | 10 | 42 | \$ | 10,974.53 | \$ 261.30 | .316 | \$ 1097.45 | \$ 82.52 |
| COMM HOSP INPATIENT TOTAL | 2 | 11 | | 10,302.23 | 936.57 | .083 | 5151.12 | 77.46 |
| HSC HOSPITALS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 2 | 11 | | 10,302.23 | 936.57 | .083 | 5151.12 | 77.46 |
| ACCOMMODATIONS | 2 | 11 | | 3,178.77 | 288.98 | .083 | 1589.39 | 23.90 |

| | | | | | | | |
|------------------------------|-----|-----|------------|--------|-------|---------|--------|
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 2 | 11 | 3,178.77 | 288.98 | .083 | 1589.39 | 23.90 |
| ANCILLARIES | 2 | 0 | 7,123.46 | .00 | .000 | 3561.73 | 53.56 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 8 | 31 | 672.30 | 21.69 | .233 | 84.04 | 5.05 |
| MEDICAL | 3 | 3 | 66.01 | 22.00 | .023 | 22.00 | .50 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 4 | 15 | 206.29 | 13.75 | .113 | 51.57 | 1.55 |
| RADIOLOGY | 2 | 2 | 47.55 | 23.78 | .015 | 23.78 | .36 |
| ROOM USE | 5 | 6 | 238.10 | 39.68 | .045 | 47.62 | 1.79 |
| CROSSOVERS/ALL OTH OUTPTNT | 4 | 5 | 114.35 | 22.87 | .038 | 28.59 | .86 |
| @STATE HOSPITAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DDH | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @REHABILITATION FACILITY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INDEPENDENT FACILITY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 5 | 51 | 547.38 | 10.73 | .383 | 109.48 | 4.12 |
| PATHOLOGY | 5 | 51 | 547.38 | 10.73 | .383 | 109.48 | 4.12 |
| XO AND OTHERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 551 | 718 | 110,989.13 | 154.58 | 5.398 | 201.43 | 834.50 |
| CLINIC | 6 | 19 | 393.94 | 20.73 | .143 | 65.66 | 2.96 |
| SURGICENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 545 | 699 | 110,595.19 | 158.22 | 5.256 | 202.93 | 831.54 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,416
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES AID CODE 38

| 133 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @ALL OTHER PROVIDERS | 212 | 584 | \$ 7,221.42 | \$ 12.37 | 4.391 | \$ 34.06 | \$ 54.30 |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 7 | 120 | 906.23 | 7.55 | .902 | 129.46 | 6.81 |
| AMBULANCES/AIR TRANS | 7 | 120 | 906.23 | 7.55 | .902 | 129.46 | 6.81 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 18 | 18 | 1,890.00 | 105.00 | .135 | 105.00 | 14.21 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|-------------------------------|-----|-----|----------|--------|-------|--------|--------|
| OPTICIAN | 3 | 7 | 134.18 | 19.17 | .053 | 44.73 | 1.01 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 184 | 439 | 4,291.01 | 9.77 | 3.301 | 23.32 | 32.26 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| | | |
|----------------------------|---|-------------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | PAGE 13,417 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | 01/29/04 |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P | |

| 14 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | | |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 63 | 209 | \$ 15,529.95 | \$ 74.31 | 14.929 | \$ 246.51 | \$ 1109.28 |
| @PHYSICIANS SERVICES | 5 | 6 | \$ 293.09 | \$ 48.85 | .429 | \$ 58.62 | \$ 20.94 |
| OUTPATIENT VISITS | 1 | 1 | 44.60 | 44.60 | .071 | 44.60 | 3.19 |
| OFFICE VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 1 | 1 | 44.60 | 44.60 | .071 | 44.60 | 3.19 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRI PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 1 | 1 | 34.30 | 34.30 | .071 | 34.30 | 2.45 |
| HOSPITAL VISITS | 1 | 1 | 34.30 | 34.30 | .071 | 34.30 | 2.45 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 2 | 2 | 41.85 | 20.93 | .143 | 20.93 | 2.99 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 2 | 2 | 172.34 | 86.17 | .143 | 86.17 | 12.31 |
| @PHARMACY | 5 | 15 | \$ 1,243.91 | \$ 82.93 | 1.071 | \$ 248.78 | \$ 88.85 |
| PRESCRIPTION DRUGS | 5 | 15 | 1,243.91 | 82.93 | 1.071 | 248.78 | 88.85 |
| SNF/ICF | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 5 | 15 | 1,243.91 | 82.93 | 1.071 | 248.78 | 88.85 |

| | | | | | | | | | |
|----------------------------|---|-----|----|----------|----|--------|-------------|-----------|-----------|
| MEDICAL SUPPLIES | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @DENTIST | 21 | 100 | \$ | 4,332.00 | \$ | 43.32 | 7.143 | \$ 206.29 | \$ 309.43 |
| VISITS - DIAGNOSTIC | 15 | 65 | | 851.00 | | 13.09 | 4.643 | 56.73 | 60.79 |
| ORAL SURGERY | 2 | 5 | | 588.00 | | 117.60 | .357 | 294.00 | 42.00 |
| DRUGS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ANESTHESIA | 1 | 1 | | 100.00 | | 100.00 | .071 | 100.00 | 7.14 |
| PERIODONTICS | 2 | 2 | | 318.00 | | 159.00 | .143 | 159.00 | 22.71 |
| ENDODONTICS | 2 | 2 | | 660.00 | | 330.00 | .143 | 330.00 | 47.14 |
| RESTORATIVE DENTISTRY | 6 | 24 | | 1,785.00 | | 74.38 | 1.714 | 297.50 | 127.50 |
| PROSTHETICS | 1 | 1 | | 30.00 | | 30.00 | .071 | 30.00 | 2.14 |
| DENTURES, STAYPLATES | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | | | | | | PAGE 13,418 | | |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | 01/29/04 | | |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P | | | | | | | | |

| 14 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | | |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @OPTOMETRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EYE APPLIANCES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE ANESTHESIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE MIDWIFE | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @TOTAL HOSPITAL | 5 | 9 | \$ 654.31 | \$ 72.70 | .643 | \$ 130.86 | \$ 46.74 |
| HOSP INPATIENT TOTAL | 0 | 0 | 258.00 | .00 | .000 | .00 | 18.43 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | 258.00 | .00 | .000 | .00 | 18.43 |
| ACCOMMODATIONS | 0 | 0 | 257.90 | .00 | .000 | .00 | 18.42 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | 257.90 | .00 | .000 | .00 | 18.42 |
| ANCILLARIES | 0 | 0 | .10 | .00 | .000 | .00 | .01 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 5 | 9 | 396.31 | 44.03 | .643 | 79.26 | 28.31 |
| MEDICAL | 1 | 1 | 18.66 | 18.66 | .071 | 18.66 | 1.33 |
| SURGERY | 1 | 1 | 42.67 | 42.67 | .071 | 42.67 | 3.05 |
| PATHOLOGY | 1 | 1 | 5.07 | 5.07 | .071 | 5.07 | .36 |
| RADIOLOGY | 1 | 1 | 71.01 | 71.01 | .071 | 71.01 | 5.07 |
| ROOM USE | 2 | 3 | 217.30 | 72.43 | .214 | 108.65 | 15.52 |
| CROSSOVERS/ALL OTH OUTPTNT | 1 | 2 | 41.60 | 20.80 | .143 | 41.60 | 2.97 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|----------------------------|---|---|-----|-----|------|-----|-----|
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,419

| 14 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE | | COST PER USER | COST PER ELIGIBLE |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|--|------------------|----------------------|
| | | | | | UNITS/DAYS PER ELIG | | | |
| @COMMUNITY HOSPITAL TOTAL | 5 | 9 | \$ 654.31 | \$ 72.70 | .643 | | \$ 130.86 | \$ 46.74 |
| COMM HOSP INPATIENT TOTAL | 0 | 0 | 258.00 | .00 | .000 | | .00 | 18.43 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | 258.00 | .00 | .000 | | .00 | 18.43 |
| ACCOMMODATIONS | 0 | 0 | 257.90 | .00 | .000 | | .00 | 18.42 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | 257.90 | .00 | .000 | | .00 | 18.42 |
| ANCILLARIES | 0 | 0 | .10 | .00 | .000 | | .00 | .01 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 5 | 9 | 396.31 | 44.03 | .643 | | 79.26 | 28.31 |
| MEDICAL | 1 | 1 | 18.66 | 18.66 | .071 | | 18.66 | 1.33 |
| SURGERY | 1 | 1 | 42.67 | 42.67 | .071 | | 42.67 | 3.05 |
| PATHOLOGY | 1 | 1 | 5.07 | 5.07 | .071 | | 5.07 | .36 |
| RADIOLOGY | 1 | 1 | 71.01 | 71.01 | .071 | | 71.01 | 5.07 |
| ROOM USE | 2 | 3 | 217.30 | 72.43 | .214 | | 108.65 | 15.52 |
| CROSSOVERS/ALL OTH OUTPTNT | 1 | 2 | 41.60 | 20.80 | .143 | | 41.60 | 2.97 |
| @STATE HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| @NURSING FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | | \$.00 | \$.00 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$.00 | \$.00 | .000 | | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ICF DD | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| INDEPENDENT FACILITY | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| @LABORATORY FACILITY | 2 | 8 | \$ 121.09 | \$ 15.14 | .571 | | \$ 60.55 | \$ 8.65 |
| PATHOLOGY | 2 | 8 | 121.09 | 15.14 | .571 | | 60.55 | 8.65 |
| XO AND OTHERS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 36 | 51 | \$ 8,560.32 | \$ 167.85 | 3.643 | | \$ 237.79 | \$ 611.45 |
| CLINIC | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| SURGICENTER | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| RURAL HEALTH CLINIC | 36 | 51 | 8,560.32 | 167.85 | 3.643 | | 237.79 | 611.45 |

| 14 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE | | COST PER USER | COST PER ELIGIBLE |
|----------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|--|------------------|----------------------|
| | | | | | UNITS/DAYS PER ELIG | | | |
| @ALL OTHER PROVIDERS | 9 | 20 | \$ 325.23 | \$ 16.26 | 1.429 | | \$ 36.14 | \$ 23.23 |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |

| | | | | | | | |
|-------------------------------|---|----|--------|--------|------|--------|-------|
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 3 | 12 | 157.37 | 13.11 | .857 | 52.46 | 11.24 |
| AMBULANCES/AIR TRANS | 3 | 12 | 157.37 | 13.11 | .857 | 52.46 | 11.24 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 1 | 1 | 105.00 | 105.00 | .071 | 105.00 | 7.50 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 5 | 7 | 62.86 | 8.98 | .500 | 12.57 | 4.49 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| | | | |
|----------------------------|--|--|-------------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES | MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | PAGE 13,421 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | 01/29/04 |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED | AID CODE 1E | |

| 01 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | ----- MONTHLY AVERAGE ----- | | |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|-----------------------------|------------------|----------------------|
| | | | | | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 76 | 4,099 | \$ 19,159.04 | \$ 4.67 | 4099.000 | \$ 252.09 | \$ 19159.04 |
| @PHYSICIANS SERVICES | 0 | 0 | \$.00 | \$.00 | .000 | .00 | .00 |
| OUTPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OFFICE VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | | |
|----------------------------|---|-----|----|----------|----|--------|---------|-----------|-------------|
| DIALYSIS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| PSYCHIATRY | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @PHARMACY | 8 | 154 | \$ | 2,143.45 | \$ | 13.92 | 154.000 | \$ 267.93 | \$ 2143.45 |
| PRESCRIPTION DRUGS | 6 | 8 | | 1,833.36 | | 229.17 | 8.000 | 305.56 | 1833.36 |
| SNF/ICF | 3 | 5 | | 792.78 | | 158.56 | 5.000 | 264.26 | 792.78 |
| OUTPATIENTS | 3 | 3 | | 1,040.58 | | 346.86 | 3.000 | 346.86 | 1040.58 |
| MEDICAL SUPPLIES | 2 | 146 | | 310.09 | | 2.12 | 146.000 | 155.05 | 310.09 |
| @DENTIST | 18 | 91 | \$ | 2,453.00 | \$ | 26.96 | 91.000 | \$ 136.28 | \$ 2453.00 |
| VISITS - DIAGNOSTIC | 14 | 82 | | 868.00 | | 10.59 | 82.000 | 62.00 | 868.00 |
| ORAL SURGERY | 2 | 2 | | 45.00 | | 22.50 | 2.000 | 22.50 | 45.00 |
| DRUGS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| PERIODONTICS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ENDODONTICS | 1 | 1 | | 260.00 | | 260.00 | 1.000 | 260.00 | 260.00 |
| RESTORATIVE DENTISTRY | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 2 | 6 | | 1,280.00 | | 213.33 | 6.000 | 640.00 | 1280.00 |
| SPACE MAINTAINERS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | | | | | | | | PAGE 13,422 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | | 01/29/04 |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED | | | | | | | | |
| | AID CODE 1E | | | | | | | | |

| 01 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE | | |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| | | | | | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @OPTOMETRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EYE APPLIANCES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE ANESTHESIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NURSE MIDWIFE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @TOTAL HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|-----------------------------|---|---|--------|--------|------|--------|--------|
| HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | | | | | | |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED | | | | | | |
| | AID CODE 1E | | | | | | |

PAGE 13,423
01/29/04

| 01 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER |
| @COMMUNITY HOSPITAL TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 |
| COMM HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 |
| @STATE HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 |
| @NURSING FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 |
| LEV B-REGULAR | 0 | 0 | .00 | .00 | .000 | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 |

| | | | | | | | | |
|------------------------------|----|----|----|----------|-----|--------|--------|-----|
| ICF DDH | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ |
| HOSPITAL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ |
| HOSPITAL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ |
| PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| XO AND OTHERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 40 | 52 | \$ | 8,870.04 | \$ | 170.58 | 52.000 | \$ |
| CLINIC | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SURGICENTER | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|----------------------------|---|----|----------|--------|--------|--------|-------------|
| RURAL HEALTH CLINIC | 40 | 52 | 8,870.04 | 170.58 | 52.000 | 221.75 | 8870.04 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | | | | | | PAGE 13,424 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | 01/29/04 |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED | | | | | | |

| 01 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|-------------------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @ALL OTHER PROVIDERS | 16 | 3,802 | \$ 5,692.55 | \$ 1.50 | 3802.000 | \$ 355.78 | \$ 5692.55 |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 3 | 40 | 2,742.80 | 68.57 | 40.000 | 914.27 | 2742.80 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 3 | 20 | 1,656.49 | 82.82 | 20.000 | 552.16 | 1656.49 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 10 | 3,742 | 1,293.26 | .35 | 3742.000 | 129.33 | 1293.26 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| | | |
|----------------------------|---|-------------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | PAGE 13,425 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | 01/29/04 |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND | |

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|---------------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @TOTAL, ALL PROVIDERS | 5 | 7 | \$ 977.20 | \$ 139.60 | .000 | \$ 195.44 | \$.00 |
| @PHYSICIANS SERVICES | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| OUTPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OFFICE VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|----------------------------|---|---|----------|----------|------|----------|--------|
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PHARMACY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| PRESCRIPTION DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL SUPPLIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @DENTIST | 1 | 2 | \$ 55.00 | \$ 27.50 | .000 | \$ 55.00 | \$.00 |
| VISITS - DIAGNOSTIC | 1 | 2 | 55.00 | 27.50 | .000 | 55.00 | .00 |
| ORAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PERIODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ENDODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESTORATIVE DENTISTRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,426
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @OPTOMETRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EYE APPLIANCES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE ANESTHESIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE MIDWIFE | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @TOTAL HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |

| | | | | | | | |
|-----------------------------|---|---|--------|--------|------|--------|--------|
| HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,427
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @COMMUNITY HOSPITAL TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| COMM HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @STATE HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |

| | | | | | | | | | |
|------------------------------|---|---|----|--------|----|--------|------|-----|--------|
| MENTALLY ILL | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 |
| ICF DDH | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| XO AND OTHERS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 4 | 5 | \$ | 922.20 | \$ | 184.44 | .000 | \$ | 230.55 |
| CLINIC | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 4 | 5 | | 922.20 | | 184.44 | .000 | | 230.55 |

#CALIF DEPT OF HEALTH SERV
MOP024
SANTA BARBARA COUN

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND

PAGE 13,428
01/29/04

| 00 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @ALL OTHER PROVIDERS | 0 | 0 | \$ | .00 | .000 | \$ | .00 |
| DURABLE MED. EQUIP. | 0 | 0 | | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | | .00 | .000 | .00 | .00 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | 0 | | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | | .00 | .000 | .00 | .00 |

| | | | | | | | | | | | |
|-------------------------------|---|---|----|-----|----|-----|------|----|-----|----|-----|
| ALL OTHER PROVIDERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,429
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

SANTA BARBARA COUN SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

| 19 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|-----------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @TOTAL, ALL PROVIDERS | 251 | 1,933 | \$ 60,396.83 | \$ 31.25 | 101.737 | \$ 240.62 | \$ 3178.78 |
| @PHYSICIANS SERVICES | 3 | 9 | \$ 490.94 | \$ 54.55 | .474 | \$ 163.65 | \$ 25.84 |
| OUTPATIENT VISITS | 1 | 1 | 108.08 | 108.08 | .053 | 108.08 | 5.69 |
| OFFICE VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | | | |
|----------------------------|----|-----|----|----------|----|--------|--------|-----------|-----------|
| HOME VISITS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 1 | 1 | | 108.08 | | 108.08 | .053 | 108.08 | 5.69 |
| PREVENTIVE CARE | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| RADIOLOGY | 3 | 7 | | 372.04 | | 53.15 | .368 | 124.01 | 19.58 |
| PSYCHIATRY | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 1 | 1 | | 10.82 | | 10.82 | .053 | 10.82 | .57 |
| @PHARMACY | 22 | 104 | \$ | 7,498.70 | \$ | 72.10 | 5.474 | \$ 340.85 | \$ 394.67 |
| PRESCRIPTION DRUGS | 20 | 52 | | 7,401.81 | | 142.34 | 2.737 | 370.09 | 389.57 |
| SNF/ICF | 3 | 10 | | 1,388.00 | | 138.80 | .526 | 462.67 | 73.05 |
| OUTPATIENTS | 17 | 42 | | 6,013.81 | | 143.19 | 2.211 | 353.75 | 316.52 |
| MEDICAL SUPPLIES | 2 | 52 | | 96.89 | | 1.86 | 2.737 | 48.45 | 5.10 |
| @DENTIST | 51 | 193 | \$ | 5,591.00 | \$ | 28.97 | 10.158 | \$ 109.63 | \$ 294.26 |
| VISITS - DIAGNOSTIC | 33 | 124 | | 1,435.00 | | 11.57 | 6.526 | 43.48 | 75.53 |
| ORAL SURGERY | 10 | 27 | | 936.00 | | 34.67 | 1.421 | 93.60 | 49.26 |
| DRUGS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| PERIODONTICS | 4 | 4 | | 481.00 | | 120.25 | .211 | 120.25 | 25.32 |
| ENDODONTICS | 2 | 2 | | 590.00 | | 295.00 | .105 | 295.00 | 31.05 |
| RESTORATIVE DENTISTRY | 12 | 23 | | 1,119.00 | | 48.65 | 1.211 | 93.25 | 58.89 |
| PROSTHETICS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 4 | 9 | | 1,030.00 | | 114.44 | .474 | 257.50 | 54.21 |
| SPACE MAINTAINERS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 3 | 4 | | .00 | | .00 | .211 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

PAGE 13,430
01/29/04

| 19 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | | |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @OPTOMETRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EYE APPLIANCES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |

| | | | | | | | | | |
|------------------------------|---|----|----|----------|----|--------|-------|-----|-------|
| MEDICINE/INJECTIONS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| OTHER | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 |
| NURSE ANESTHESIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 |
| NURSE MIDWIFE | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 |
| @TOTAL HOSPITAL | 6 | 20 | \$ | 1,815.62 | \$ | 90.78 | 1.053 | \$ | 95.56 |
| HOSP INPATIENT TOTAL | 2 | 2 | | 1,514.52 | | 757.26 | .105 | | 79.71 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | | .00 |
| INPATIENT CROSSOVERS | 2 | 2 | | 1,514.52 | | 757.26 | .105 | | 79.71 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 |
| HOSP OUTPATIENT TOTAL | 4 | 18 | | 301.10 | | 16.73 | .947 | | 15.85 |
| MEDICAL | 2 | 3 | | 48.32 | | 16.11 | .158 | | 2.54 |
| SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 |
| PATHOLOGY | 2 | 7 | | 100.78 | | 14.40 | .368 | | 5.30 |
| RADIOLOGY | 1 | 1 | | 14.76 | | 14.76 | .053 | | .78 |
| ROOM USE | 2 | 3 | | 105.24 | | 35.08 | .158 | | 5.54 |
| CROSSOVERS/ALL OTH OUTPTNT | 2 | 4 | | 32.00 | | 8.00 | .211 | | 1.68 |
| @COUNTY HOSPITAL TOTAL | 1 | 7 | \$ | 145.63 | \$ | 20.80 | .368 | \$ | 7.66 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 |
| CO HOSP OUTPATIENT TOTAL | 1 | 7 | | 145.63 | | 20.80 | .368 | | 7.66 |
| MEDICAL | 1 | 2 | | 29.66 | | 14.83 | .105 | | 1.56 |
| SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 |
| PATHOLOGY | 1 | 3 | | 43.73 | | 14.58 | .158 | | 2.30 |
| RADIOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 |
| ROOM USE | 1 | 2 | | 72.24 | | 36.12 | .105 | | 3.80 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | | .00 | | .00 | .000 | | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,431
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

| | 19 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|---------------------------|--------------|-------|-------------------------------------|--------------|------------------------------|---|------------------|----------------------|
| @COMMUNITY HOSPITAL TOTAL | 5 | 13 | \$ | 1,669.99 | \$ 128.46 | .684 | \$ 334.00 | \$ 87.89 |
| COMM HOSP INPATIENT TOTAL | 2 | 2 | | 1,514.52 | 757.26 | .105 | 757.26 | 79.71 |
| HSC HOSPITALS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |

| | | | | | | | |
|------------------------------|---|-----|-----------|--------|--------|--------|-------------|
| INPATIENT CROSSOVERS | 2 | 2 | 1,514.52 | 757.26 | .105 | 757.26 | 79.71 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 3 | 11 | 155.47 | 14.13 | .579 | 51.82 | 8.18 |
| MEDICAL | 1 | 1 | 18.66 | 18.66 | .053 | 18.66 | .98 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 1 | 4 | 57.05 | 14.26 | .211 | 57.05 | 3.00 |
| RADIOLOGY | 1 | 1 | 14.76 | 14.76 | .053 | 14.76 | .78 |
| ROOM USE | 1 | 1 | 33.00 | 33.00 | .053 | 33.00 | 1.74 |
| CROSSOVERS/ALL OTH OUTPTNT | 2 | 4 | 32.00 | 8.00 | .211 | 16.00 | 1.68 |
| @STATE HOSPITAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @INTERMEDIATE CARE FACIL.-DD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DDH | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @REHABILITATION FACILITY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INDEPENDENT FACILITY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| XO AND OTHERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 168 | 226 | 41,188.34 | 182.25 | 11.895 | 245.17 | 2167.81 |
| CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGICENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 168 | 226 | 41,188.34 | 182.25 | 11.895 | 245.17 | 2167.81 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | | | | | | PAGE 13,432 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | 01/29/04 |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E | | | | | | |

| 19 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | ----- MONTHLY AVERAGE ----- | | | |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| | | | | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @ALL OTHER PROVIDERS | 17 | 1,381 | \$ 3,812.23 | \$ 2.76 | 72.684 | \$ 224.25 | \$ 200.64 |
| DURABLE MED. EQUIP. | 1 | 11 | 2,203.44 | 200.31 | .579 | 2203.44 | 115.97 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 2 | 4 | 620.35 | 155.09 | .211 | 310.18 | 32.65 |

| | | | | | | | | |
|-------------------------------|----|-------|----|----------|-----------|--------|------------|-----------|
| PROSTHETICS | 1 | 1 | | 21.30 | 21.30 | .053 | 21.30 | 1.12 |
| ORTHOTICS | 1 | 3 | | 599.05 | 199.68 | .158 | 599.05 | 31.53 |
| PSYCHOLOGIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 13 | 92 | | 812.87 | 8.84 | 4.842 | 62.53 | 42.78 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 1 | 1,274 | | 175.57 | .14 | 67.053 | 175.57 | 9.24 |
| @CALIF. CHILDREN SERVICES* | 2 | 14 | \$ | 2,802.49 | \$ 200.18 | .737 | \$ 1401.25 | \$ 147.50 |
| @XOVER EXCLUDING STATE HOSP** | 2 | 0 | \$ | 1,514.52 | \$.00 | .000 | \$ 757.26 | \$ 79.71 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| | | |
|----------------------------|---|-------------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | PAGE 13,433 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | 01/29/04 |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL | |

| 20 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|-------|-------------------------------------|--------------|------------------------------|--|------------------|----------------------|
| @TOTAL, ALL PROVIDERS | 332 | 6,039 | \$ 80,533.07 | \$ 13.34 | 301.950 | \$ 242.57 | \$ 4026.65 |
| @PHYSICIANS SERVICES | 3 | 9 | \$ 490.94 | \$ 54.55 | .450 | \$ 163.65 | \$ 24.55 |
| OUTPATIENT VISITS | 1 | 1 | 108.08 | 108.08 | .050 | 108.08 | 5.40 |
| OFFICE VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 1 | 1 | 108.08 | 108.08 | .050 | 108.08 | 5.40 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 3 | 7 | 372.04 | 53.15 | .350 | 124.01 | 18.60 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 1 | 1 | 10.82 | 10.82 | .050 | 10.82 | .54 |
| @PHARMACY | 30 | 258 | \$ 9,642.15 | \$ 37.37 | 12.900 | \$ 321.41 | \$ 482.11 |
| PRESCRIPTION DRUGS | 26 | 60 | 9,235.17 | 153.92 | 3.000 | 355.20 | 461.76 |
| SNF/ICF | 6 | 15 | 2,180.78 | 145.39 | .750 | 363.46 | 109.04 |
| OUTPATIENTS | 20 | 45 | 7,054.39 | 156.76 | 2.250 | 352.72 | 352.72 |
| MEDICAL SUPPLIES | 4 | 198 | 406.98 | 2.06 | 9.900 | 101.75 | 20.35 |
| @DENTIST | 70 | 286 | \$ 8,099.00 | \$ 28.32 | 14.300 | \$ 115.70 | \$ 404.95 |
| VISITS - DIAGNOSTIC | 48 | 208 | 2,358.00 | 11.34 | 10.400 | 49.13 | 117.90 |
| ORAL SURGERY | 12 | 29 | 981.00 | 33.83 | 1.450 | 81.75 | 49.05 |

| | | | | | | | |
|-------------------------|----|----|----------|--------|-------|--------|--------|
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PERIODONTICS | 4 | 4 | 481.00 | 120.25 | .200 | 120.25 | 24.05 |
| ENDODONTICS | 3 | 3 | 850.00 | 283.33 | .150 | 283.33 | 42.50 |
| RESTORATIVE DENTISTRY | 12 | 23 | 1,119.00 | 48.65 | 1.150 | 93.25 | 55.95 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 6 | 15 | 2,310.00 | 154.00 | .750 | 385.00 | 115.50 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 3 | 4 | .00 | .00 | .200 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,434
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 SANTA BARBARA COUN SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

----- MONTHLY AVERAGE -----

| 20 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|------------------------------|-------|-------------------------------------|--------------|------------------------------|------------------------|------------------|----------------------|
| @OPTOMETRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EYE APPLIANCES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE ANESTHESIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE MIDWIFE | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @TOTAL HOSPITAL | 6 | 20 | \$ 1,815.62 | \$ 90.78 | 1.000 | \$ 302.60 | \$ 90.78 |
| HOSP INPATIENT TOTAL | 2 | 2 | 1,514.52 | 757.26 | .100 | 757.26 | 75.73 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 2 | 2 | 1,514.52 | 757.26 | .100 | 757.26 | 75.73 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 4 | 18 | 301.10 | 16.73 | .900 | 75.28 | 15.06 |
| MEDICAL | 2 | 3 | 48.32 | 16.11 | .150 | 24.16 | 2.42 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 2 | 7 | 100.78 | 14.40 | .350 | 50.39 | 5.04 |
| RADIOLOGY | 1 | 1 | 14.76 | 14.76 | .050 | 14.76 | .74 |
| ROOM USE | 2 | 3 | 105.24 | 35.08 | .150 | 52.62 | 5.26 |
| CROSSOVERS/ALL OTH OUTPTNT | 2 | 4 | 32.00 | 8.00 | .200 | 16.00 | 1.60 |
| @COUNTY HOSPITAL TOTAL | 1 | 7 | \$ 145.63 | \$ 20.80 | .350 | \$ 145.63 | \$ 7.28 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 1 | 7 | 145.63 | 20.80 | .350 | 145.63 | 7.28 |
| MEDICAL | 1 | 2 | 29.66 | 14.83 | .100 | 29.66 | 1.48 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 1 | 3 | 43.73 | 14.58 | .150 | 43.73 | 2.19 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 1 | 2 | 72.24 | 36.12 | .100 | 72.24 | 3.61 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,435
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

| 20 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | MONTHLY AVERAGE UNITS/DAYS | COST PER | COST PER |
|--------------|-------|------------------|--------------|--------------|-------------------------------|----------|----------|
|--------------|-------|------------------|--------------|--------------|-------------------------------|----------|----------|

| | | | | | | | |
|-------------------------------|----|-------|-------------|-----------|---------|------------|-----------|
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 3 | 40 | 2,742.80 | 68.57 | 2.000 | 914.27 | 137.14 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 3 | 20 | 1,656.49 | 82.82 | 1.000 | 552.16 | 82.82 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 2 | 4 | 620.35 | 155.09 | .200 | 310.18 | 31.02 |
| PROSTHETICS | 1 | 1 | 21.30 | 21.30 | .050 | 21.30 | 1.07 |
| ORTHOTICS | 1 | 3 | 599.05 | 199.68 | .150 | 599.05 | 29.95 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 13 | 92 | 812.87 | 8.84 | 4.600 | 62.53 | 40.64 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 11 | 5,016 | 1,468.83 | .29 | 250.800 | 133.53 | 73.44 |
| @CALIF. CHILDREN SERVICES* | 2 | 14 | \$ 2,802.49 | \$ 200.18 | .700 | \$ 1401.25 | \$ 140.12 |
| @XOVER EXCLUDING STATE HOSP** | 2 | 0 | \$ 1,514.52 | \$.00 | .000 | \$ 757.26 | \$ 75.73 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| | | | |
|----------------------------|------------------------------------|--|-------------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES | MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | PAGE 13,437 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | 01/29/04 |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR | TOTAL CERTIFIED | |

| 113,855 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | ----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|----------------------------|---------|-------------------------------------|------------------|------------------------------|---|------------------|----------------------|
| @TOTAL, ALL PROVIDERS | 115,229 | 846,002 | \$ 40,703,075.37 | \$ 48.11 | 7.431 | \$ 353.24 | \$ 357.50 |
| @PHYSICIANS SERVICES | 12,967 | 44,437 | \$ 3,095,761.30 | \$ 69.67 | .390 | \$ 238.74 | \$ 27.19 |
| OUTPATIENT VISITS | 6,147 | 17,295 | 559,259.46 | 32.34 | .152 | 90.98 | 4.91 |
| OFFICE VISITS | 1,410 | 1,706 | 89,878.19 | 52.68 | .015 | 63.74 | .79 |
| HOME VISITS | 6 | 7 | 270.84 | 38.69 | .000 | 45.14 | .00 |
| EMERGENCY ROOM | 2,021 | 2,273 | 134,848.19 | 59.33 | .020 | 66.72 | 1.18 |
| PREVENTIVE CARE | 11 | 11 | 638.34 | 58.03 | .000 | 58.03 | .01 |
| OB VISITS/COMPRE PERI | 2,942 | 13,215 | 330,383.25 | 25.00 | .116 | 112.30 | 2.90 |
| OTHER OUTPATIENT | 76 | 83 | 3,240.65 | 39.04 | .001 | 42.64 | .03 |
| INPATIENT VISITS | 1,651 | 4,587 | 284,676.43 | 62.06 | .040 | 172.43 | 2.50 |
| HOSPITAL VISITS | 1,539 | 3,489 | 156,474.94 | 44.85 | .031 | 101.67 | 1.37 |
| CRITICAL CARE | 109 | 964 | 122,292.91 | 126.86 | .008 | 1121.95 | 1.07 |
| SNF/ICF/TRANS IP CARE | 33 | 134 | 5,908.58 | 44.09 | .001 | 179.05 | .05 |
| OPHTHALMOLOGICAL SERVICES | 21 | 21 | 994.27 | 47.35 | .000 | 47.35 | .01 |
| EXAMINATIONS | 21 | 21 | 994.27 | 47.35 | .000 | 47.35 | .01 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 2,941 | 7,064 | 1,671,323.43 | 236.60 | .062 | 568.28 | 14.68 |
| PRINCIPAL SURGEON | 1,952 | 2,056 | 1,444,539.39 | 702.60 | .018 | 740.03 | 12.69 |
| ASSISTANT SURGEON | 310 | 310 | 55,991.02 | 180.62 | .003 | 180.62 | .49 |
| ANESTHESIOLOGIST | 1,107 | 4,698 | 170,793.02 | 36.35 | .041 | 154.28 | 1.50 |
| OUTPATIENT SURGERY | 1,097 | 2,287 | 119,863.52 | 52.41 | .020 | 109.26 | 1.05 |
| PRINCIPAL SURGEON | 966 | 1,700 | 101,116.39 | 59.48 | .015 | 104.68 | .89 |
| ASSISTANT SURGEON | 2 | 2 | 247.30 | 123.65 | .000 | 123.65 | .00 |
| ANESTHESIOLOGIST | 196 | 585 | 18,499.83 | 31.62 | .005 | 94.39 | .16 |
| DIALYSIS | 36 | 62 | 11,656.73 | 188.01 | .001 | 323.80 | .10 |
| PATHOLOGY | 3,020 | 5,155 | 75,815.43 | 14.71 | .045 | 25.10 | .67 |
| RADIOLOGY | 3,818 | 5,674 | 283,547.05 | 49.97 | .050 | 74.27 | 2.49 |
| PSYCHIATRY | 1 | 7 | 269.24 | 38.46 | .000 | 269.24 | .00 |

| | | | | | | | | | |
|----------------------------|---|---------|----|--------------|----|--------|-------|-----------|----------|
| IMMUNIZATION AND INJECTION | 298 | 379 | | 16,292.45 | | 42.99 | .003 | 54.67 | .14 |
| OTHER SERVICES/ALL X-OVERS | 1,021 | 1,906 | | 72,063.29 | | 37.81 | .017 | 70.58 | .63 |
| @PHARMACY | 10,789 | 180,936 | \$ | 1,458,765.95 | \$ | 8.06 | 1.589 | \$ 135.21 | \$ 12.81 |
| PRESCRIPTION DRUGS | 10,210 | 21,463 | | 1,327,516.13 | | 61.85 | .189 | 130.02 | 11.66 |
| SNF/ICF | 426 | 2,255 | | 196,860.84 | | 87.30 | .020 | 462.11 | 1.73 |
| OUTPATIENTS | 9,814 | 19,208 | | 1,130,655.29 | | 58.86 | .169 | 115.21 | 9.93 |
| MEDICAL SUPPLIES | 894 | 159,473 | | 131,249.82 | | .82 | 1.401 | 146.81 | 1.15 |
| @DENTIST | 35,910 | 177,007 | \$ | 5,658,794.92 | \$ | 31.97 | 1.555 | \$ 157.58 | \$ 49.70 |
| VISITS - DIAGNOSTIC | 24,536 | 114,335 | | 1,500,512.56 | | 13.12 | 1.004 | 61.16 | 13.18 |
| ORAL SURGERY | 4,900 | 10,408 | | 527,861.44 | | 50.72 | .091 | 107.73 | 4.64 |
| DRUGS | 3,235 | 4,273 | | 100,447.30 | | 23.51 | .038 | 31.05 | .88 |
| ANESTHESIA | 519 | 536 | | 43,195.20 | | 80.59 | .005 | 83.23 | .38 |
| PERIODONTICS | 1,117 | 1,233 | | 174,323.75 | | 141.38 | .011 | 156.06 | 1.53 |
| ENDODONTICS | 3,107 | 5,078 | | 631,288.95 | | 124.32 | .045 | 203.18 | 5.54 |
| RESTORATIVE DENTISTRY | 12,351 | 34,013 | | 2,050,639.29 | | 60.29 | .299 | 166.03 | 18.01 |
| PROSTHETICS | 186 | 198 | | 5,470.00 | | 27.63 | .002 | 29.41 | .05 |
| DENTURES, STAYPLATES | 1,221 | 3,715 | | 429,088.06 | | 115.50 | .033 | 351.42 | 3.77 |
| SPACE MAINTAINERS | 298 | 340 | | 41,813.20 | | 122.98 | .003 | 140.31 | .37 |
| MAXILLOFACIAL SERVICES | 111 | 128 | | 8,513.46 | | 66.51 | .001 | 76.70 | .07 |
| FRACTURES, DISLOCATIONS | 5 | 8 | | 4,242.00 | | 530.25 | .000 | 848.40 | .04 |
| ORTHODONTIC SERVICES | 1,374 | 1,621 | | 139,974.71 | | 86.35 | .014 | 101.87 | 1.23 |
| ALL OTHER SERVICES | 691 | 1,121 | | 1,425.00 | | 1.27 | .010 | 2.06 | .01 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 | | | | | | | | |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | | |
| SANTA BARBARA COUN | SUMMARY OF SERVICES FOR TOTAL CERTIFIED | | | | | | | | |

PAGE 13,438
01/29/04

| 113,855 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | ----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER | COST PER ELIGIBLE |
|------------------------------|-------|-------------------------------------|------------------|------------------------------|---|----------------------|
| @OPTOMETRIST | 243 | 558 | \$ 13,211.40 | \$ 23.68 | .005 \$ 54.37 | \$.12 |
| DIAGNOSTIC AND ANC. PROCED | 172 | 159 | 6,863.42 | 43.17 | .001 39.90 | .06 |
| EYE APPLIANCES | 170 | 390 | 6,229.93 | 15.97 | .003 36.65 | .05 |
| OTHER OPTOMETRIC SERVICES | 4 | 9 | 118.05 | 13.12 | .000 29.51 | .00 |
| @CHIROPRACTOR | 1 | 3 | \$ 50.16 | \$ 16.72 | .000 \$ 50.16 | \$.00 |
| VISITS | 1 | 3 | 50.16 | 16.72 | .000 50.16 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 .00 | .00 |
| @PODIATRIST | 60 | 79 | \$ 686.48 | \$ 8.69 | .001 \$ 11.44 | \$.01 |
| MEDICINE/INJECTIONS | 2 | 2 | 77.04 | 38.52 | .000 38.52 | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 .00 | .00 |
| OTHER | 58 | 77 | 609.44 | 7.91 | .001 10.51 | .01 |
| @HOME HEALTH AGENCY | 1,496 | 1,989 | \$ 106,662.66 | \$ 53.63 | .017 \$ 71.30 | \$.94 |
| NURSE ANESTHESIST | 1 | 2 | \$ 40.88 | \$ 20.44 | .000 \$ 40.88 | \$.00 |
| NURSE MIDWIFE | 1 | 4 | \$ 33.64 | \$ 8.41 | .000 \$ 33.64 | \$.00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 \$.00 | \$.00 |
| FAMILY NURSE PRACTITIONER | 1 | 2 | \$ 31.20 | \$ 15.60 | .000 \$ 31.20 | \$.00 |
| @TOTAL HOSPITAL | 6,419 | 28,878 | \$ 13,197,440.08 | \$ 457.01 | .254 \$ 2056.00 | \$ 115.91 |
| HOSP INPATIENT TOTAL | 2,856 | 12,145 | 12,837,272.69 | 1057.00 | .107 4494.84 | 112.75 |
| HSC HOSPITALS | 78 | 428 | 534,603.35 | 1249.07 | .004 6853.89 | 4.70 |
| NON-HSC HOSPITAL TOTAL | 2,446 | 10,407 | 12,046,378.64 | 1157.53 | .091 4924.93 | 105.80 |
| ACCOMMODATIONS | 2,446 | 10,407 | 3,965,355.14 | 381.03 | .091 1621.16 | 34.83 |
| ADMINISTRATIVE DAYS | 11 | 91 | 19,371.39 | 212.87 | .001 1761.04 | .17 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 .00 | .00 |
| ALL OTHER ACCOM | 2,436 | 10,316 | 3,945,983.75 | 382.51 | .091 1619.86 | 34.66 |
| ANCILLARIES | 2,445 | 0 | 8,081,023.50 | .00 | .000 3305.12 | 70.98 |
| INPATIENT CROSSOVERS | 332 | 1,310 | 256,290.70 | 195.64 | .012 771.96 | 2.25 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 .00 | .00 |
| HOSP OUTPATIENT TOTAL | 3,946 | 16,733 | 360,167.39 | 21.52 | .147 91.27 | 3.16 |
| MEDICAL | 395 | 467 | 15,511.72 | 33.22 | .004 39.27 | .14 |
| SURGERY | 238 | 247 | 9,702.95 | 39.28 | .002 40.77 | .09 |
| PATHOLOGY | 2,107 | 8,226 | 75,945.45 | 9.23 | .072 36.04 | .67 |

| | | | | | | | | |
|-----------------------------|-------|-------|----|------------|-----------|------|-----------|--------|
| RADIOLOGY | 1,078 | 1,403 | | 92,818.25 | 66.16 | .012 | 86.10 | .82 |
| ROOM USE | 2,350 | 2,908 | | 114,270.18 | 39.30 | .026 | 48.63 | 1.00 |
| CROSSOVERS/ALL OTH OUTPTNT | 1,622 | 3,482 | | 51,918.84 | 14.91 | .031 | 32.01 | .46 |
| @COUNTY HOSPITAL TOTAL | 89 | 298 | \$ | 33,689.25 | \$ 113.05 | .003 | \$ 378.53 | \$.30 |
| CO HOSPITAL INPATIENT TOTAL | 10 | 23 | | 25,895.06 | 1125.87 | .000 | 2589.51 | .23 |
| HSC HOSPITALS | 10 | 23 | | 25,895.06 | 1125.87 | .000 | 2589.51 | .23 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 80 | 275 | | 7,794.19 | 28.34 | .002 | 97.43 | .07 |
| MEDICAL | 40 | 53 | | 1,819.51 | 34.33 | .000 | 45.49 | .02 |

| | | | | | | | |
|----------------------------|----|----|----------|-------|------|-------|-----|
| SURGERY | 4 | 5 | 58.55 | 11.71 | .000 | 14.64 | .00 |
| PATHOLOGY | 22 | 91 | 1,078.93 | 11.86 | .001 | 49.04 | .01 |
| RADIOLOGY | 17 | 24 | 835.52 | 34.81 | .000 | 49.15 | .01 |
| ROOM USE | 49 | 64 | 2,267.97 | 35.44 | .001 | 46.29 | .02 |
| CROSSOVERS/ALL OTH OUTPTNT | 26 | 38 | 1,733.71 | 45.62 | .000 | 66.68 | .02 |

#CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR TOTAL CERTIFIED

PAGE 13,439 01/29/04

| | 113,855 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MONTHLY AVERAGE UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|------------------------------|-------------------|--------|-------------------------------------|---------------|------------------------------|---|------------------|----------------------|
| @COMMUNITY HOSPITAL TOTAL | 6,337 | 28,580 | \$ | 13,163,750.83 | \$ 460.59 | .251 | \$ 2077.28 | \$ 115.62 |
| COMM HOSP INPATIENT TOTAL | 2,846 | 12,122 | | 12,811,377.63 | 1056.87 | .106 | 4501.54 | 112.52 |
| HSC HOSPITALS | 68 | 405 | | 508,708.29 | 1256.07 | .004 | 7481.00 | 4.47 |
| NON-HSC HOSPITALS TOTAL | 2,446 | 10,407 | | 12,046,378.64 | 1157.53 | .091 | 4924.93 | 105.80 |
| ACCOMMODATIONS | 2,446 | 10,407 | | 3,965,355.14 | 381.03 | .091 | 1621.16 | 34.83 |
| ADMINISTRATIVE DAYS | 11 | 91 | | 19,371.39 | 212.87 | .001 | 1761.04 | .17 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 2,436 | 10,316 | | 3,945,983.75 | 382.51 | .091 | 1619.86 | 34.66 |
| ANCILLARIES | 2,445 | 0 | | 8,081,023.50 | .00 | .000 | 3305.12 | 70.98 |
| INPATIENT CROSSOVERS | 332 | 1,310 | | 256,290.70 | 195.64 | .012 | 771.96 | 2.25 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 3,873 | 16,458 | | 352,373.20 | 21.41 | .145 | 90.98 | 3.09 |
| MEDICAL | 356 | 414 | | 13,692.21 | 33.07 | .004 | 38.46 | .12 |
| SURGERY | 234 | 242 | | 9,644.40 | 39.85 | .002 | 41.22 | .08 |
| PATHOLOGY | 2,086 | 8,135 | | 74,866.52 | 9.20 | .071 | 35.89 | .66 |
| RADIOLOGY | 1,062 | 1,379 | | 91,982.73 | 66.70 | .012 | 86.61 | .81 |
| ROOM USE | 2,306 | 2,844 | | 112,002.21 | 39.38 | .025 | 48.57 | .98 |
| CROSSOVERS/ALL OTH OUTPTNT | 1,596 | 3,444 | | 50,185.13 | 14.57 | .030 | 31.44 | .44 |
| @STATE HOSPITAL | 8 | 57 | \$ | 55,938.51 | \$ 981.38 | .001 | \$ 6992.31 | \$.49 |
| MENTALLY ILL | 6 | 0 | | 15,339.69 | .00 | .000 | 2556.62 | .13 |
| DEVELOP. DISABLED | 2 | 57 | | 40,598.82 | 712.26 | .001 | 20299.41 | .36 |
| @NURSING FACILITY | 256 | 7,290 | \$ | 1,126,656.93 | \$ 154.55 | .064 | \$ 4401.00 | \$ 9.90 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 12 | 364 | | 242,071.05 | 665.03 | .003 | 20172.59 | 2.13 |
| LEV B-SUBACUTE HSPTL BASED | 17 | 533 | | 309,177.31 | 580.07 | .005 | 18186.90 | 2.72 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 227 | 6,393 | | 575,408.57 | 90.01 | .056 | 2534.84 | 5.05 |
| @INTERMEDIATE CARE FACIL.-DD | 9 | 167 | \$ | 25,990.42 | \$ 155.63 | .001 | \$ 2887.82 | \$.23 |
| ICF DDH | 5 | 84 | | 12,530.28 | 149.17 | .001 | 2506.06 | .11 |
| ICF DD | 1 | 31 | | 3,994.66 | 128.86 | .000 | 3994.66 | .04 |
| ICF DDN/DDCN | 3 | 52 | | 9,465.48 | 182.03 | .000 | 3155.16 | .08 |
| @HEMODIALYSIS TOTAL | 69 | 3,090 | \$ | 130,608.21 | \$ 42.27 | .027 | \$ 1892.87 | \$ 1.15 |
| HOSPITAL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 69 | 3,090 | | 130,608.21 | 42.27 | .027 | 1892.87 | 1.15 |
| @REHABILITATION FACILITY | 33 | 517 | \$ | 8,458.09 | \$ 16.36 | .005 | \$ 256.31 | \$.07 |
| HOSPITAL BASED | 6 | 37 | | 885.43 | 23.93 | .000 | 147.57 | .01 |
| INDEPENDENT FACILITY | 27 | 480 | | 7,572.66 | 15.78 | .004 | 280.47 | .07 |
| @LABORATORY FACILITY | 8,488 | 26,513 | \$ | 497,556.32 | \$ 18.77 | .233 | \$ 58.62 | \$ 4.37 |
| PATHOLOGY | 8,474 | 26,493 | | 496,668.27 | 18.75 | .233 | 58.61 | 4.36 |
| XO AND OTHERS | 20 | 20 | | 888.05 | 44.40 | .000 | 44.40 | .01 |
| @ORGANIZED OUTPATIENT CLINIC | 49,873 | 79,989 | \$ | 13,037,208.88 | \$ 162.99 | .703 | \$ 261.41 | \$ 114.51 |
| CLINIC | 1,356 | 5,478 | | 217,217.17 | 39.65 | .048 | 160.19 | 1.91 |
| SURGICENTER | 40 | 115 | | 4,940.67 | 42.96 | .001 | 123.52 | .04 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 48,503 | 74,396 | | 12,815,051.04 | 172.25 | .653 | 264.21 | 112.56 |

#CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR TOTAL CERTIFIED

PAGE 13,440 01/29/04

| 113,855 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | ----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
|-------------------------------|--------|-------------------------------------|-----------------|------------------------------|--|------------------|----------------------|
| @ALL OTHER PROVIDERS | 12,955 | 294,484 | \$ 2,289,179.34 | \$ 7.77 | 2.586 | \$ 176.70 | \$ 20.11 |
| DURABLE MED. EQUIP. | 75 | 432 | 13,381.94 | 30.98 | .004 | 178.43 | .12 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 4 | 5 | 1,403.76 | 280.75 | .000 | 350.94 | .01 |
| MEDICAL TRANSPORTATION | 381 | 4,225 | 56,261.30 | 13.32 | .037 | 147.67 | .49 |
| AMBULANCES/AIR TRANS | 365 | 3,538 | 46,961.50 | 13.27 | .031 | 128.66 | .41 |
| OTHER TRANS | 14 | 663 | 1,997.22 | 3.01 | .006 | 142.66 | .02 |
| OTHER SERVICES | 6 | 24 | 7,302.58 | 304.27 | .000 | 1217.10 | .06 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 435 | 7,363 | 508,289.62 | 69.03 | .065 | 1168.48 | 4.46 |
| GENETIC DISEASE TESTING | 2,108 | 2,113 | 219,305.00 | 103.79 | .019 | 104.03 | 1.93 |
| IHMC,MODEL-NF,NF,AIDS,MSSP | 2,462 | 23,996 | 1,015,891.64 | 42.34 | .211 | 412.63 | 8.92 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 89 | 256 | 5,120.61 | 20.00 | .002 | 57.53 | .04 |
| PHYSICAL THERAPIST | 8 | 89 | 837.60 | 9.41 | .001 | 104.70 | .01 |
| PORTABLE X-RAY | 5 | 10 | 115.03 | 11.50 | .000 | 23.01 | .00 |
| PROSTHETIST/ORTHOTISTS | 93 | 160 | 10,376.38 | 64.85 | .001 | 111.57 | .09 |
| PROSTHETICS | 44 | 90 | 3,143.70 | 34.93 | .001 | 71.45 | .03 |
| ORTHOTICS | 56 | 70 | 7,232.68 | 103.32 | .001 | 129.16 | .06 |
| PSYCHOLOGIST | 59 | 398 | 12,626.18 | 31.72 | .003 | 214.00 | .11 |
| SPEECH AND AUDIOLOGY | 41 | 135 | 4,855.51 | 35.97 | .001 | 118.43 | .04 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 7,008 | 43,440 | 397,620.96 | 9.15 | .382 | 56.74 | 3.49 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 274 | 211,862 | 43,093.81 | .20 | 1.861 | 157.28 | .38 |
| @CALIF. CHILDREN SERVICES* | 211 | 17,682 | \$ 1,381,347.14 | \$ 78.12 | .155 | \$ 6546.67 | \$ 12.13 |
| @XOVER EXCLUDING STATE HOSP** | 780 | 14,991 | \$ 318,572.62 | \$ 21.25 | .132 | \$ 408.43 | \$ 2.80 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.